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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                                  |   |
|----|---|----------------------------------|---|
|    |   | About Debtor 1:                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name Write the name that is on  | Omar<br>First name<br>o.         | First name                                    |
|    | your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport                              | Middle name  Castillo  Last name | Middle name  Last name                        |
|    | Bring your picture identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III)       | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you have used in the last   | First name                       | First name                                    |
|    | 8 years  Include your married or  | Middle name                      | Middle name                                   |
|    | maiden names.   | Last name                        | Last name                                     |
|    |   | First name                       | First name                                    |
|    |   | Middle name                      | Middle name                                   |
|    |   | Last name                        | Last name                                     |
| 3. | Only the last 4 digits<br>of your Social<br>Security number or<br>federal Individual<br>Taxpayer<br>Identification number<br>(ITIN) | XXX - XX- 4856  OR  9 xx - xx-   | xxx - xx-<br>or<br>9 xx - xx-                 |

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| D  | ebtor 1 Omar   | О.   | Castil            |                     | Case number (if | known)  |  |
|----|--|--|-------------------|---------------------|-----------------|---|--|
|    | First Name   | Middle Name  | Last Na           | ame                 |                 |   |  |
|    |  | About Debtor 1:  |                   |                     | About Deb       | tor 2 (Spouse Only i  | n a Joint Case):                               |
| 4. | Any business names and Employer                        | I have not used any  | business names    | s or EINs.          | I have n        | ot used any business na                                     | ames or EINs.                                  |
|    | Identification Numbers (EIN) you have used in the last | Business name  |                   |                     | Business n      | ame   |  |
|    | 8 years  | Business name  |                   |                     | Business n      | ame   |  |
|    | Include trade names and doing business as names        | EIN  |                   |                     | EIN             |   |  |
|    |  | EIN  |                   |                     | EIN             |   |  |
| 5. | Where you live   |  |                   |                     | If Debtor 2     | lives at a different add                                    | ress:  |
|    |  | 654 Pickus Ct<br>Number Street   |                   |                     | Number          | Street  |  |
|    |  | Waukegan Illing  |                   | 60085               |                 |   |  |
|    |  | City Stat  | e                 | Zip Code            | City            | State   | Zip Code                                       |
|    |  | County   |                   |                     | County          |   |  |
|    |  | If your mailing address above, fill it in here. No notices to you at this ma | lote that the cou |                     | If Debtor 2's   | s mailing address is one. Note that the court was address.  |  |
|    |  | Number Street  |                   |                     | Number          | Street  |  |
|    |  |  |                   |                     |                 |   |  |
|    |  | City   | State             | Zip Code            | City            | State   | Zip Code                                       |
| 6. | Why you are choosing this district                     | Check one:   |                   |                     | Check one:      |   |  |
|    | to file for bankruptcy                                 | Over the last 180 da lived in this district le                               | onger man in an   | other district.     | Over the        | e last 180 days before fili<br>this district longer than in | ing this petition, I have nany other district. |
|    |  | I have another reason  | on. Explain. (See | 28 U.S.C. §§ 1408.) | I have a        | nother reason. Explain. (                                   | See 28 U.S.C. §§ 1408.)                        |
|    |  |  |                   |                     |                 |   |  |
|    |  |  |                   |                     |                 |   |  |
|    |  |  |                   |                     |                 |   |  |
|    |  |  |                   |                     |                 |   |  |
|    |  |  |                   |                     |                 |   |  |

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| Debtor 1 Omar   | 0.  | Castillo   |  | Case number (if kno   | own)   |  |
|---|---|--|--|---|--|--|
| First Name  | Middle Name   |  |  |   |  |  |
| Part 2: Tell the Court Ab   | out Your Bankrupt   | cy Case  |  |   |  |  |
| <ol> <li>The chapter of the<br/>Bankruptcy Code you<br/>are choosing to file<br/>under</li> </ol>   |   | brief description of each, see<br>B2010)). Also, go to the top o   |  |   |  | ndividuals Filing for  |
| 8. How you will pay the fee   | more details a cashier's chec may pay with  I need to pay Individuals to  I request that judge may, buthe official poyou choose the | entire fee when I file my bout how you may pay. Tyck, or money order If you a credit card or check with the fee in installments. If Pay Your Filing Fee in Installments is my fee be waived (You rat is not required to, waive verty line that applies to yous option, you must fill ound file it with your petition | ypically, if your attorney is a pre-printed you choose stallments (Commay request your fee, an our family sint the Application | ou are paying the<br>submitting you<br>ed address.<br>e this option, sig<br>official Form 103<br>this option only<br>d may do so on<br>ze and you are u | e fee yourself, r payment on y gn and attach to A).  If you are filingly if your incorunable to pay to the pay | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for bankruptcy within the last 8 years?   | No.  Yes. District  District  District  | Northern District of Illinois  | When<br>When<br>When   | 10/12/2010<br>MM / DD / YYYY<br>MM / DD / YYYY  | Case number _ Case number _ Case number _  | 10-45554   |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District  |  | When<br>When   | MM / DD / YYYY  | Relationship to Case number, i Relationship to Case number, i  | you  |
| 11. Do you rent your residence?   | ✓ No.   | landlord obtained an eviction Go to line 12.  Fill out <i>Initial Statement About</i> this bankruptcy petition.  |  |   |  |  |

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Castillo 0 Debtor 1 Omar \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1
 Omar
 O.
 Castillo
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Omar First Name  |  | astillo Cas  | se number (if known)   |   |
|---|--|--|--|---|
|   | estions for Reporting Purposes   | ist ivaille  |  |   |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily of "incurred by an individual p No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primarily by   | orimarily for a personal, fa<br>pusiness debts? Business<br>vestment or through the c  | mily, or household purpose."  s debts are debts that you incoperation of the business or in  | urred to obtain   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fu  | 7. Do you estimate that after  | any exempt property is exclude<br>bute to unsecured creditors?   | d and administrative  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |  | 50,000<br>100,000<br>an 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 0 million  | 00,001-\$1 billion<br>000,001-\$10 billion<br>0,000,001-\$50 billion<br>an \$50 billion |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$   | 0 million  | 00,001-\$1 billion<br>000,001-\$10 billion<br>0,000,001-\$50 billion<br>an \$50 billion |
| Part 7: Sign Below For you  | I have examined this petition, an  | d I declare under penalty o  | of perjury that the information  | provided is true and  |
| . or you  | correct.  If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance wit I understand making a false state connection with a bankruptcy caboth. 18 U.S.C. §§ 152, 1341, 1 | apter 7, I am aware that I m<br>understand the relief avai<br>II did not pay or agree to p<br>ed and read the notice red<br>h the chapter of title 11, L<br>ement, concealing propert<br>ase can result in fines up to<br>519, and 3571. | nay proceed, if eligible, under ilable under each chapter, and pay someone who is not an at quired by 11 U.S.C. § 342(b). United States Code, specified by, or obtaining money or prop | Chapter 7, 11,12, or 13 d I choose to proceed ctorney to help me fill in this petition. |
|   | Executed on 8/2/2017<br>MM / DD  | / <u>/YYYY</u>   | Executed on  | O / YYYY  |

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| Debtor 1 Omar<br>First Name | O.<br>Middle Name  | Castillo<br>Last Name | Case number (if | (known)                                      |  |  |  |  |
|-----------------------------|--|-----------------------|-----------------|--|--|--|--|--|
|                             |  |                       |                 |  |  |  |  |  |
| For your attorney, if you   |  | ` '                   | •               | nave informed the debtor(s) about            |  |  |  |  |
| are represented by one      |  |                       |                 | d States Code, and have explained the        |  |  |  |  |
|                             |  |                       |                 | also certify that I have delivered to the    |  |  |  |  |
| If you are not              |  |                       |                 | which § 707(b)(4)(D) applies, certify that I |  |  |  |  |
| represented by an           | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                       |                 |  |  |  |  |  |
| attorney, you do not        | X (/Nelle ex Delever   |                       |                 |  |  |  |  |  |
| need to file this page.     | /s/ Nathan Delman  |                       | Date            | 8/2/2017                                     |  |  |  |  |
|                             | Signature of Attorney  | for Debtor            | IV              | 1M / DD / YYYY                               |  |  |  |  |
|                             |  |                       |                 |  |  |  |  |  |
|                             |  |                       |                 |  |  |  |  |  |
|                             | Nathan Delman  |                       |                 |  |  |  |  |  |
|                             | Printed name   |                       |                 |  |  |  |  |  |
|                             | Semrad Law Firm  |                       |                 |  |  |  |  |  |
|                             | Firm name  |                       |                 |  |  |  |  |  |
|                             | 5101 Washington Str  | eet                   |                 |  |  |  |  |  |
|                             | Street   |                       |                 |  |  |  |  |  |
|                             | Unit 29  |                       |                 |  |  |  |  |  |
|                             |  |                       |                 |  |  |  |  |  |
|                             | Gurnee   |                       | Illinois        | 60031  |  |  |  |  |
|                             | City   |                       | State           | Zip Code                                     |  |  |  |  |
|                             |  |                       |                 |  |  |  |  |  |
|                             | Contact phone  | 3124473700            | Email address   | ndelman@semradlaw.com                        |  |  |  |  |
|                             |  |                       |                 |  |  |  |  |  |
|                             | 6296205  |                       | Illinois        | S  |  |  |  |  |
|                             | Bar number   |                       | State           |  |  |  |  |  |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Omar       | 0.          | Castillo             |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |            |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |
| Case number<br>(lf known)                       |            |             | (State)              |  |  |  |  |

| Check | if t | his   | is | an |
|-------|------|-------|----|----|
| amend | ed   | filir | ng |    |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own  |
|--|--|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                                       |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <del></del>                                  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   |  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$28,990.00<br>                              |
| art 2: Summarize Your Liabilities  |  |
|  | <b>Your liabilities</b><br>Amount you owe    |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$36,044.00                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <u>:                                    </u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00                                       |
| ·  |  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | \$31 526 00                                  |
|  | \$31,526.00                                  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | \$31,526.00<br>\$67,570.00                   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>              |  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>              |  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>              | \$67,570.00                                  |

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| Debt          | tor 1 Omar  | 0.   | Castillo   | Case number (if known)                |            |  |  |  |  |
|---------------|---|--|--|---------------------------------------|------------|--|--|--|--|
|               | First Name  | Middle Name  | Last Name  |                                       |            |  |  |  |  |
| Part 4        | Answer These Qu   | estions for Administra   | tive and Statistical Records   |                                       |            |  |  |  |  |
| 6. <b>A</b> ı | re you filing for bankrupt                                | cy under Chapters 7, 11, o   | or 13?   |                                       |            |  |  |  |  |
| Г             | No. You have nothing to                                   | o report on this part of the fo  | orm. Check this box and submit this  | s form to the court with your other s | chedules.  |  |  |  |  |
| ļ.            | Yes.  |  |  | •                                     |            |  |  |  |  |
|               | <u>Z</u>  |  |  |                                       |            |  |  |  |  |
| 7. <b>W</b>   | hat kind of debt do you h                                 | ave?   |  |                                       |            |  |  |  |  |
| Ŀ             |   |  | umer debts are those incurred by an  |                                       |            |  |  |  |  |
| _             | ,   |  | Fill out lines 8-10 for statistical purp   | Ç                                     |            |  |  |  |  |
|               |   | marily consumer debts. Yo<br>ith your other schedules.                             | ou have nothing to report on this pa   | art of the form. Check this box and s | ubmit      |  |  |  |  |
|               |   |  |  |                                       |            |  |  |  |  |
|               |   | our Current Monthly Incom<br>Form 122B Line 11; <b>OR</b> , Fo                     | ne: Copy your total current monthly orm 122C-1 Line 14.  | income from Official                  | \$2,971.67 |  |  |  |  |
| 9.            | Copy the following speci                                  | al categories of claims fro  | om Part 4, line 6 of Schedule E/F  |                                       |            |  |  |  |  |
| ٠.            |   | by the following special categories of claims from rait 4, file of of ochequie L7. |  |                                       |            |  |  |  |  |
|               | From Part 4 on Schedule                                   | From Part 4 on Schedule E/F, copy the following:                                   |  | Total claim                           |            |  |  |  |  |
|               | 9a. Domestic support oblig                                | nations (Copy line 6a.)  |  | \$0.00                                |            |  |  |  |  |
|               |   | ,  |  | \$0.00                                |            |  |  |  |  |
|               | 9b. Taxes and certain other                               | er debts you owe the govern  | ment. (Copy line 6b.)  | <del></del>                           |            |  |  |  |  |
|               | 9c. Claims for death or per                               | rsonal injury while you were   | intoxicated. (Copy line 6c.)   | \$0.00                                |            |  |  |  |  |
|               | 9d. Student loans. (Copy I                                | ine 6f.)   |  | \$0.00                                |            |  |  |  |  |
|               | On Obligation of the section                              |  | en Programme de la companya de la co | \$0.00                                |            |  |  |  |  |
|               | 9e. Obligations arising out priority claims. (Copy line 6 |  |  |                                       |            |  |  |  |  |
|               |   |  |  | \$0.00                                |            |  |  |  |  |
|               | 9t. Debts to pension or pro                               | otit-sharing plans, and other  | similar debts. (Copy line 6h.)   |                                       |            |  |  |  |  |

\$0.00

9g. Total. Add lines 9a through 9f.

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| F31 : - 11 : -                      | · . C !                                 |  |   |                              | <b>5</b>  |                            |  |   |
|-------------------------------------|---|--|---|------------------------------|---|----------------------------|--|---|
| FIII IN THIS                        | Intormation                             | n to identify your o   | ase:  |                              |   |                            |  |   |
| Debtor 1                            | Oma                                     | r<br>Name  | O.<br>Middle N  | lomo                         | Castillo<br>Last Name   | _                          |  |   |
| Debtor 2                            | FIISt                                   | Ivallie  | wildale N   | ianie                        | Last Name   |                            |  |   |
| (Spouse, if fi                      | iling) First                            | Name   | Middle N  | lame                         | Last Name   | <u> </u>                   |  |   |
| United Sta                          | ates Bankru                             | otcy Court for the:  | Northern  |                              | District of Illinois  | _                          |  |   |
| Case num                            | nber                                    |  |   |                              | (State)   | _                          |  |   |
| , ,                                 |   | 100A/D   |   |                              |   |                            |  | Check if this is an   |
|                                     |   | 106A/B   | _   |                              |   |                            |  | amended filing  |
|                                     |   | /B: Prope  |   |                              |   |                            |  | 12/1  |
| category<br>responsib<br>write your | where you<br>le for suppl<br>r name and | think it fits best. I<br>ying correct infor<br>case number (if I | Be as complete a<br>mation. If more s<br>known). Answer e | nd acc<br>pace is<br>very qu | sset only once. If an asset fits<br>urate as possible. If two marrion<br>needed, attach a separate she<br>estion.<br>Other Real Estate You Ow | ed people a<br>eet to this | re filing together, both a form. On the top of any a | are equally   |
| 1. Do you                           | w own or ha<br>No. Go to                |  | quitable interest i                                       | in any                       | esidence, building, land, or si   | nilar prope                | rty?   |   |
|                                     | Yes. Where                              | e is the property?   |   |                              |   |                            |  |   |
|                                     |   |  |   | What                         | is the property? Check all that   | apply.                     |  | claims or exemptions. Put                                   |
| 1.1                                 | Street addr                             | ess, if available, or  | other description   |                              | ngle-family home  |                            |  | red claims on Schedule D: aims Secured by Property.         |
|                                     |   | ,  |   | Ш                            | uplex or multi-unit building  |                            | Current value of the                                 | Current value of the  |
|                                     |   |  |   |                              | ondominium or cooperative<br>anufactured or mobile home   |                            | entire property?                                     | portion you own?  |
|                                     |   |  |   | ш                            | and   |                            |  | <del></del>   |
|                                     | Number                                  | Street   |   | Ш                            | vestment property   |                            | Describe the nature of                               |   |
|                                     | City                                    | Ctata  | Zin Codo  | ĦŢ                           | meshare<br>ther   |                            | interest (such as fee s<br>the entireties, or a life |   |
|                                     | City                                    | State  | Zip Code  |                              | nas an interest in the property   | ? Check                    | Check if this is co<br>(see instructions)            | ommunity property   |
|                                     |   |  |   |                              | ebtor 1 only  |                            |  |   |
|                                     |   |  |   |                              | ebtor 2 only  |                            |  |   |
|                                     |   |  |   | Ш                            | ebtor 1 and Debtor 2 only   | oth or                     |  |   |
|                                     |   |  |   | ш                            | least one of the debtors and and  |                            |  |   |
|                                     |   |  |   | prope                        | r information you wish to add a<br>erty identification number:  | ibout this it              | em, such as local                                    |   |
| If you                              | own or hav                              | e more than one, I   | ist here:   |                              |   |                            |  |   |
|                                     |   |  |   |                              | is the property? Check all that   | apply.                     |  | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.2                                 | Street addr                             | ess, if available, or  | other description   |                              | ngle-family home  |                            |  | nims Secured by Property.                                   |
|                                     |   |  |   |                              | uplex or multi-unit building ondominium or cooperative  |                            | Current value of the                                 | Current value of the  |
|                                     |   |  |   |                              | anufactured or mobile home  |                            | entire property?                                     | portion you own?  |
|                                     |   |  |   | ш                            | and   |                            |  |   |
|                                     | Number                                  | Street   |   | Hir                          | vestment property   |                            | Describe the nature of interest (such as fee s       |   |
|                                     | 011                                     | Otala  | 7: 0: 1:  |                              | meshare<br>ther   |                            | the entireties, or a life                            |   |
|                                     | City                                    | State  | Zip Code  |                              |   |                            | · .  |   |
|                                     |   |  |   | Who<br>one.                  | nas an interest in the property   | ? Check                    | Check if this is co                                  | ommunity property   |
|                                     |   |  |   |                              | ebtor 1 only  |                            | Ц  |   |
|                                     |   |  |   |                              | ebtor 2 only  |                            |  |   |
|                                     |   |  |   |                              | ebtor 1 and Debtor 2 only   |                            |  |   |
|                                     |   |  |   | Π̈́A                         | least one of the debtors and and  | other                      |  |   |
|                                     |   |  |   |                              | r information you wish to add a   | bout this it               | em, such as local                                    |   |

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| Debtor 1                               |   | O.  | Castillo Case numb  | er (if known)                                    |   |
|--|---|---|---|--|---|
| 1.3                                    | First Name et address, if available, or o                     | Middle Name<br>V                                      | Castillo Case numbro Last Name  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other         | Do not deduct secured the amount of any secu     | imple, tenancy by   |
|  |   | ]<br>]<br>[<br>]                                      | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item property identification number: | (see instructions)                               | mmunity property  |
|  | the dollar value of the pove attached for Part 1. W           |   | all of your entries from Part 1, including any entridere.<br>ere.<br>   | es for pages                                     |   |
| Do you ow<br>you own th<br>3. Cars, va | hat someone else drives. If<br>ins, trucks, tractors, sport u | r <b>equitable interest</b><br>you lease a vehicle, a | in any vehicles, whether they are registered or nalso report it on Schedule G: Executory Contracts and cycles   |  |   |
| 3.1                                    | s<br>Make<br>Model:<br>Year:<br>Approximate mileage:          | Volkswagen Passat 2015 50000                          | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any sect<br>Creditors Who Have Cla | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.        |
|  | Other information:  |   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  | Current value of the entire property? \$12725.00 | Current value of the portion you own? \$12725.00                                      |
| 3.2                                    | Make<br>Model:<br>Year:                                       | Subaru<br>Outback<br>2013                             | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any secu                           | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
|  | Approximate mileage: Other information:                       | 76000   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Current value of the entire property? \$14625.00 | Current value of the portion you own?<br>\$14625.00                                   |
|  |   |   | Check if this is community property (see instructions)  |  |   |

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|     | Omar<br>First Name  | O.<br>Middle Name | Castillo<br>Last Name   | Case number                                     | er (if known)  |  |
|-----|---|-------------------|---|---|--|--|
| 3.3 | Make Model: Year: Approximate mileage: Other information: |                   | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) | y<br>and another                                | the amount of any secu   | claims or exemptions. Put<br>ared claims on <i>Schedule D</i><br>aims <i>Secured by Property</i> .  Current value of the<br>portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: |                   | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun              | y<br>and another                                | the amount of any secu   | claims or exemptions. Put<br>ired claims on Schedule D<br>iims Secured by Property.  Current value of the<br>portion you own?                |
|     |   | •                 | recreational vehicles, other fishing vessels, snowmobiles, n  | •   |  |  |
| 4.1 |   |                   | Who has an interest in the pone.  | roperty? Check                                  |  | claims or exemptions. Put  |
| 4.1 |   |                   | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun              | y<br>and another                                | the amount of any secu   | claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the portion you own?                             |
|     | Make<br>Model:<br>Year:<br>Approximate mileage:           |                   | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  | y and another ity property (see property? Check | the amount of any secu Creditors Who Have Class  Current value of the entire property?  Do not deduct secured the amount of any secu | red claims on Schedule Learns Secured by Property.  Current value of the   |

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Castillo Debtor 1 Omar Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$750.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... x2 televisions; x1 Ipad \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1400.00 for Part 3. Write that number here .....

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| Debte        | or 1 Omar                                   | 0.  | Castillo                   | Case number (if known)                                      |  |
|--------------|---|---|----------------------------|---|--|
|              | First Name                                  | Middle Name   | Last Name                  |   | <u> </u>   |
| Part 4       | Describe Your I                             | Financial Assets  |                            |   |  |
| Doy          | ou own or have an                           | y legal or equitable interes  | t in any of the followin   | g?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> | xamples: Money you ha                       | ave in your wallet, in your home, ir  | ·                          | n hand when you file your petition                          |  |
|              |   |   |                            | Cash:   |  |
|              | Examples: Checking, sa and other similar in | avings, or other financial accounts<br>astitutions. If you have multiple ac |                            | ares in credit unions, brokerage houses, aution, list each. |  |
|              | ✓ Yes                                       |   | Institution name:          |   |  |
|              |   | 17.1. Checking account:   | Lake Forest Bank           |   | \$240.00   |
|              |   | 17.2. Checking account:   |                            |   |  |
|              |   | 17.3. Savings account:  |                            |   |  |
|              |   | 17.4. Savings account:  |                            |   | · -  |
|              |   | 17.5. Certificates of deposit:  |                            |   |  |
|              |   | 17.6. Other financial account:  |                            |   |  |
|              |   | 17.7. Other financial account:  |                            |   |  |
|              |   | 17.8. Other financial account:  |                            |   |  |
|              |   | 17.9. Other financial account:  |                            |   |  |
|              |   | or publicly traded stocks , investment accounts with broke                  | rage firms, money market a | occounts  |  |
|              | ✓ No  Yes                                   | Institution or issuer name:   |                            |   |  |
|              |   |   |                            |   |  |
| 19.          | Non-publicly traded s                       | stock and interests in incorpora  | ited and unincorporated    | businesses, including an interest in                        |  |
|              | an LLC, partnership,                        |   |                            | J   |  |
|              | Yes. Give specific information about them   | Name of entity  |                            | % of ownership:   |  |
|              |   |   |                            |   |  |

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| Debt | tor 1 Omar               | 0.  | Castillo                      | Case number (if known)                      |  |
|------|--------------------------|---|-------------------------------|---|--|
|      | First Name               | Middle Name   | Last Name                     |   |  |
| 20.  | Negotiable instruments   | orate bonds and other negotia include personal checks, cashiers ents are those you cannot transfe | s' checks, promissory no      | tes, and money orders.                      |  |
| 21.  | <b>✓</b> No              |   | ), thrift savings accounts    | s, or other pension or profit-sharing plans |  |
|      | Yes. List each account   |   |                               |   |  |
|      | separately.              | 401(k) or similar plan:   | -                             |   |  |
|      |                          | Pension plan:   |                               |   |  |
|      |                          | IRA:  |                               |   |  |
|      |                          |   | _                             |   |  |
|      |                          | Retirement account:   | -                             |   |  |
|      |                          | Keogh:  |                               |   |  |
|      |                          | Additional account:   |                               |   |  |
|      |                          | Additional account:   |                               |   |  |
| 22.  |                          | prepayments<br>d deposits you have made so tha<br>with landlords, prepaid rent, publ              |                               |   |  |
|      | Yes                      | Electric:   |                               |   |  |
|      |                          | Gas:  |                               |   |  |
|      |                          | Heating oil:  |                               |   |  |
|      |                          | Security deposit on rental unit:  |                               |   |  |
|      |                          | Prepaid rent:   |                               |   |  |
|      |                          | Telephone:  |                               |   |  |
|      |                          |   |                               |   |  |
|      |                          | Water:  | -                             |   |  |
|      |                          | Rented furniture:   |                               |   |  |
|      |                          | Other:  |                               |   |  |
| 23.  | Annuities (A contract fo | or a periodic payment of money to   | o you, either for life or for | r a number of years)                        |  |
|      | V No Yes                 | Issuer name and description:  |                               |   |  |
|      |                          |   |                               |   |  |
|      |                          |   |                               |   |  |
|      |                          |   |                               |   |  |

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| Debt | or 1 Omar  | O.  | Castillo  Last Name  | Case number (if known)  |   |
|------|--|---|--|---|---|
| 0.4  | First Name   | Middle Name   |  |   |   |
| 24.  |  | (b)(1), 529A(b), and 529(b)(1)  | in a qualified ABLE program, or under .  | r a qualified state tuition program.  |   |
|      | ✓ No Ins   | titution name and description.  | Separately file the records of any interests                                       | s.11 U.S.C. § 521(c):   |   |
|      |  |   |  |   |   |
|      |  |   |  |   |   |
| 25.  | Trusts, equitable exercisable for y  |   | erty (other than anything listed in line 1   | 1), and rights or powers  |   |
|      | No Yes. Describe   |   |  |   |   |
|      | 100. 2000.100  |   |  |   |   |
| 26.  |  |   | ets, and other intellectual property<br>oceeds from royalties and licensing agreen | ments   |   |
|      | ✓ No   |   |  |   |   |
|      | Yes. Describe  |   |  |   |   |
| 27.  |  | ises, and other general inta  | ngibles<br>cooperative association holdings, liquor lic                            | renses professional licenses  |   |
|      | No No  | g pormie, oxoldovo llositoco, c   | oooporative accordation moralings, iiquoi iio                                      | onese, professional licentese   |   |
|      | Yes. Describe  |   |  |   |   |
|      |  |   |  |   |   |
|      |  |   |  |   |   |
| Mor  | ney or property  | owed to you?  |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|      | ney or property  | ·   |  |   | portion you own?  |
|      |  | ·   |  |   | portion you own? Do not deduct secured  |
|      | Tax refunds owed  ✓ No  ☐ Yes. Give spec   | to you  |  | Federal:  | portion you own? Do not deduct secured  |
|      | Tax refunds owed  No Yes. Give spec about the you alrea  | to you  cific information em, including whether idy filed the returns   |  | Federal: State:   | portion you own?  Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds owed  No Yes. Give speciabout the you alread and the form  | to you  cific information em, including whether   |  |   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed  No Yes. Give spect about the you alreated and the text and the state of the st | cific information<br>em, including whether<br>idy filed the returns<br>ax years                                       | sal support, child support, maintenance, d   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed  No Yes. Give spectors about the you alreated and the first support Examples: Past during No  No  | bific information em, including whether idy filed the returns ax years  | sal support, child support, maintenance, d   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed  No Yes. Give spectors about the you alreated and the first support Examples: Past during No  No  | cific information<br>em, including whether<br>idy filed the returns<br>ax years                                       | sal support, child support, maintenance, d   | State:  Local: divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                     |
| 28.  | Tax refunds owed  No Yes. Give spectors about the you alreated and the first support Examples: Past during No  No  | bific information em, including whether idy filed the returns ax years  | sal support, child support, maintenance, d   | State:  Local:  divorce settlement, property settlemen  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.  | Tax refunds owed  No Yes. Give spectors about the you alreated and the first support Examples: Past during No  No  | bific information em, including whether idy filed the returns ax years  | sal support, child support, maintenance, d   | State: Local: divorce settlement, property settlemen Alimony: Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 28.  | Tax refunds owed  ✓ No  Yes. Give speciabout the you alreated and the first support Examples: Past due  ✓ No  Yes. Give speciabout the your alreated and the first support the first support the first support the year. Since special is a support to the first support the year. Since special is a support the year.  | cific information em, including whether dy filed the returns ax years   | sal support, child support, maintenance, d   | State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 28.  | Tax refunds owed  No  Yes. Give spect about the you alreat and the filter than the filter tha  | bific information em, including whether dy filed the returns ax years e or lump sum alimony, spous cific information  | yments, disability benefits, sick pay, vacati                                      | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed  No  Yes. Give spect about the you alreat and the filter than the filter tha  | cific information em, including whether ady filed the returns ax years e or lump sum alimony, spous cific information | yments, disability benefits, sick pay, vacati                                      | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed  ✓ No  Yes. Give spect about the you alreated and the first support su  | cific information em, including whether idy filed the returns ex years e or lump sum alimony, spous cific information | yments, disability benefits, sick pay, vacati                                      | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Omar   | Ο.  | Castillo   | Case number (if known)                         |   |
|------|--|---|--|--|---|
|      | First Name   | Middle Name   | Last Name  |  |   |
| 31.  | Interests in insurance p Examples: Health, disabilit                           |   | savings account (HSA); credit,                           | homeowner's, or renter's insurance             |   |
|      | Yes. Name the insura of each policy and list                                   | ince company  | ompany name:   | Beneficiary:                                   | Surrender or refund value:                                  |
| 32.  | Any interest in property If you are the beneficiary of property because someon | of a living trust, expect prod                          |  | cy, or are currently entitled to receive       |   |
|      | No Yes. Describe   |   |  |  |   |
| 33.  |  | rties, whether or not you<br>bloyment disputes, insuran | have filed a lawsuit or made ce claims, or rights to sue | a demand for payment                           |   |
|      | No Yes. Describe   |   |  |  |   |
| 34.  | Other contingent and unto set off claims                                       | ———<br>nliquidated claims of eve                        | ery nature, including counter                            | claims of the debtor and rights                |   |
|      | No Yes. Describe   |   |  |  |   |
| 35.  | Any financial assets you   | u did not already list                                  |  |  |   |
|      | No Yes. Describe   |   |  |  |   |
| 36.  |  | •   | art 4, including any entries f                           |  | \$240.00  |
| Part | 5: Describe Any Rus  | siness-Related Prone                                    | rty You Own or Have an I                                 | nterest In. List any real estate in Pa         | +1  |
| 37.  |  |   | est in any business-related p                            |  |   |
| 57.  | -  | logal of equitable filters                              | ot in any business-related p                             |  | Current value of the  |
|      | No. Go to Part 6.  Yes. Go to line 38.   |   |  |  | portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable or   | commissions you alread                                  | y earned   |  |   |
|      | No Yes. Describe   |   |  |  |   |
| 39.  | Office equipment, furnis<br>Examples: Business-relate                          |   | odems, printers, copiers, fax m                          | achines, rugs, telephones, desks, chairs, elec | etronic devices   |
|      | No Yes. Describe   |   |  |  |   |
|      |  |   |  |  |   |

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| Deb      | tor 1 Omar             | 0.                                | Castillo                          | Case number (if known)            |  |
|----------|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|
| 1.0      | First Name             | Middle Name                       | Last Name                         |                                   |  |
| 40.      | Machinery, fixtures, e | equipment, supplies you           | use in business, and tools of yo  | our trade                         |  |
|          | <b>✓</b> No            |                                   |                                   |                                   |  |
|          | Yes. Describe          |                                   |                                   |                                   |  |
|          | _                      |                                   |                                   |                                   |  |
| 44       |                        |                                   |                                   |                                   |  |
| 41.      | Inventory              |                                   |                                   |                                   |  |
|          | <b>✓</b> No            |                                   |                                   |                                   |  |
|          | Yes. Describe          |                                   |                                   |                                   |  |
|          | _                      |                                   |                                   |                                   |  |
| 12       | Interests in partnersh | nine or joint ventures            |                                   |                                   |  |
| 42.      |                        | iips or joint ventures            |                                   |                                   |  |
|          | <b>✓</b> No            |                                   | Name of entity:                   | % of ownership:                   |  |
|          | Yes. Give specific     |                                   | riano or ontity.                  | % of awnording.                   |  |
|          | information about them |                                   |                                   |                                   |  |
|          | urom                   |                                   |                                   |                                   |  |
|          |                        |                                   |                                   | -                                 |  |
| 12       | Customor lists mailing | ı lists, or other compilat        | ione                              |                                   |  |
| 45.      |                        | insts, or other compliat          | 10115                             |                                   |  |
|          | <b>✓</b> No            |                                   |                                   |                                   |  |
|          | Yes. Do your lists i   | nclude personally identifia       | ble information (as defined in 11 | U.S.C. § 101(41A))?               |  |
|          | ☐ No                   |                                   |                                   |                                   |  |
|          | Yes. Desc              | ribe                              |                                   |                                   |  |
|          |                        |                                   |                                   |                                   |  |
| 44.      | Any business-related   | property you did not alr          | eady list                         |                                   |  |
|          | <b>✓</b> No            |                                   |                                   |                                   |  |
|          | Yes. Give specific     |                                   |                                   |                                   | <del>_</del>                                   |
|          | information            |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   | <del></del>                                    |
|          |                        |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   | <del></del>                                    |
|          |                        |                                   |                                   |                                   |  |
|          |                        |                                   | art 5, including any entries for  |                                   |  |
| <b>•</b> |                        |                                   |                                   |                                   |  |
| Part     |                        |                                   |                                   | y You Own or Have an Interest In. |  |
|          | If you own or have ar  | n interest in farmland, list it i | n Part 1.                         |                                   |  |
| 46.      | Do you own or have a   | ny legal or equitable in          | erest in any farm- or commerc     | ial fishing-related property?     |  |
|          | No. Go to Part 7.      |                                   |                                   |                                   | Current value of the                           |
|          | Yes. Go to line 47     |                                   |                                   |                                   | portion you own?  Do not deduct secured claims |
|          |                        |                                   |                                   |                                   | or exemptions                                  |
| 47.      | Farm animals           |                                   |                                   |                                   |  |
|          | Examples: Livestock, p | oultry, farm-raised fish          |                                   |                                   |  |
|          | <b>√</b> No            |                                   |                                   |                                   |  |
|          | Yes. Describe          |                                   |                                   |                                   |  |
|          | ш                      |                                   |                                   |                                   |  |
|          |                        |                                   |                                   |                                   |  |

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| Debt         | tor 1 Omar<br>First Name   | O.<br>Middle Name   | Castillo<br>Last Name   | Case number (if known)       |              |
|--------------|----------------------------|---|-------------------------|------------------------------|--------------|
| 48.          | Crops-either growing       | or harvested  |                         |                              |              |
|              | ✓ No  Yes. Describe        |   |                         |                              |              |
| 49.          | Farm and fishing equi      | pment, implements, machinery, fixtu                               | res, and tools of trade |                              |              |
|              | <b>✓</b> No                |   |                         |                              |              |
|              | Yes. Describe              |   |                         |                              |              |
| 50.          | Farm and fishing supp      | lies, chemicals, and feed   |                         |                              |              |
|              | <b>✓</b> No                |   |                         |                              |              |
|              | Yes. Describe              |   |                         |                              |              |
| 51.          | Any farm- and comme        | rcial fishing-related property you did                            | not already list        |                              |              |
|              | No No                      |   | ,                       |                              |              |
|              | Yes. Describe              |   |                         |                              |              |
|              |                            |   |                         |                              |              |
|              |                            | II of your entries from Part 6, includir                          |                         | ou have attached             |              |
| •            |                            |   |                         | L                            |              |
|              |                            |   |                         |                              |              |
| Part 1       | 7: Describe All Pro        | perty You Own or Have an Inter                                    | est in That You Did No  | t List Above                 |              |
| 53.          |                            | perty of any kind you did not already is, country club membership | list?                   |                              |              |
|              | ✓ No                       | is, souring side monitorismp                                      |                         |                              |              |
|              | Yes. Give specific         |   |                         |                              |              |
|              | information                |   |                         |                              |              |
|              |                            |   |                         |                              |              |
| 54. A        | dd the dollar value of a   | II of your entries from Part 7. Write th                          | nat number here         |                              | •            |
|              |                            | ·   |                         |                              |              |
|              |                            |   |                         |                              |              |
|              |                            |   |                         |                              |              |
| Part 8       | 8: List the Totals of      | f Each Part of this Form  |                         |                              |              |
|              |                            |   |                         |                              |              |
| 55. F        | Part 1: Total real estate  | e, line 2   |                         |                              |              |
| 56. <b>p</b> | oart 2 total vehicles, lin | ne 5  | \$27350.00              |                              |              |
|              | •                          | nd household items, line 15                                       | \$1400.00               |                              |              |
| 58. <b>P</b> | art 4: Total financial as  | ssets, line 36  | \$240.00                |                              |              |
| 59. <b>F</b> | Part 5: Total business-r   | elated property, line 45  |                         |                              |              |
| 60. <b>F</b> | Part 6: Total farm- and    | fishing-related property, line 52                                 |                         |                              |              |
| 61. <b>F</b> | Part 7: Total other prop   | erty not listed, line 54  |                         |                              |              |
| 62.1         | Fotal personal property    | . Add lines 56 through 61   | \$28990.00              | Copy personal property total | + \$28990.00 |
|              |                            |   |                         |                              | \$28990.00   |
| 63. <b>T</b> | otal of all property on S  | Schedule A/B. Add line 55 + line 62                               |                         |                              |              |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Omar                      | 0.          | Castillo                     |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identity the Property You Clair   | m as Exempt   |   |   |  |  |  |
|----|---|---|---|---|--|--|--|
| 1. |   | •   | , ,   |   |  |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  |   |   |   |  |  |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |   |  |  |  |
| 2. | For any property you list on Schedule A   | A/B that you claim as e   | exempt, fill in the information below.  |   |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |
|    | Brief description: Volkswagen Passat, 2015 Line from                                | \$12,725.00   | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |
|    | Schedule A/B: 03  |   |   |   |  |  |  |
|    | Brief description: Subaru Outback, 2013 Line from Schedule A/B: 03                  | \$14,625.00   | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |
| 3. | <b>✓</b> No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |  |  |  |

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Debtor 1 Omar Ο. Castillo Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$240.00 description: **✓** \$240.00 Checking account, Lake 100% of fair market value, up to any Forest Bank applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(b) Brief \$750.00 description: **✓** \$750.00 **Used Furniture** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(a) Brief \$350.00 description: **✓** \$350.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$300.00 description: **✓** \$300.00 x2 televisions; x1 lpad 100% of fair market value, up to any Line from

applicable statutory limit

Schedule A/B:

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| Fill in  | this information to identify your ca   | se:                            | •                                     |   |  |                                   |
|----------|--|--------------------------------|---------------------------------------|---|--|-----------------------------------|
|          |  |                                |                                       |   |  |                                   |
| Debto    | or 1 Omar<br>First Name  | O.<br>Middle Name              | Castillo Last Name                    |   |  |                                   |
| Debto    |  | Wild Harro                     | Last Hamo                             |   |  |                                   |
| (Spous   | e, if filing) First Name   | Middle Name                    | Last Name                             |   |  |                                   |
| United   | d States Bankruptcy Court for the:   | Northern                       | District of Illinois                  |   |  |                                   |
|          | number   |                                | (State)                               |   |  |                                   |
| (If know | <u> </u>   |                                |                                       |   | П  | Check if this is a                |
|          | icial Form 106D  |                                |                                       |   |  | amended filing                    |
|          | hedule D: Credito  |                                |                                       |   |  | 12/1                              |
|          | complete and accurate as possib<br>space is needed, copy the Addition  |                                |                                       |   |  |                                   |
|          | and case number (if known).  | mai r age, illi it oat, ilalii | bor the charles, and attach it to t   | ms form. On the top   | or any additional pas                      | jes, write your                   |
| 1.       | Do any creditors have claims se  | ecured by your property        | y?                                    |   |  |                                   |
| [        | No. Check this box and subm  | nit this form to the court w   | ith your other schedules. You hav     | e nothing else to rep   | ort on this form.                          |                                   |
| Ī        | Yes. Fill in all of the information  | n below.                       |                                       |   |  |                                   |
| Part     | 1: List All Secured Claims   |                                |                                       |   |  |                                   |
| 2.       | List all secured claims. If a credit separately for each claim. If more the in Part 2. As much as possible, list name. | nan one creditor has a parti   | cular claim, list the other creditors | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports | Column C Unsecured portion If any |
| 0.1      | VW CREDIT INC  |                                |                                       | ФОО 040 OO  | this claim                                 | ro 110 00                         |
| 2.1      | VW CREDIT INC Creditor's Name  |                                | that secures the claim:               | \$20,843.00   | \$12,725.00                                | <u>\$8,118.00</u>                 |
|          | 1401 FRANKLIN BLVD  Number Street  | 2015 Volkswagon Passa          | the claim is: Check all that apply.   |   |  |                                   |
|          | Number Street  | Contingent                     | the claim is: Check all that apply.   |   |  |                                   |
|          | LIBERTYVILLE IL 60048  | Unliquidated                   |                                       |   |  |                                   |
|          | City State ZIP Code  | Disputed                       |                                       |   |  |                                   |
|          | Who owes the debt? Check one.  | <b>-</b>                       | I that apply                          |   |  |                                   |
|          | Debtor 1 only  | Nature of lien. Check al       |                                       |   |  |                                   |
|          | Debtor 2 only  | An agreement you m car loan)   | nade (such as mortgage or secured     |   |  |                                   |
|          | Debtor 1 and Debtor 2 only  At least one of the debtors  | Statutory lien (such a         | as tax lien, mechanic's lien)         |   |  |                                   |
|          | and another  | Judgment lien from             | a lawsuit                             |   |  |                                   |
|          | Check if this claim relates  | Other (including a rig         | ht to offset)                         |   |  |                                   |
|          | to a community debt  Date debt was 9/2015 incurred   | Last 4 digits of accoun        | t number1717                          |   |  |                                   |
| 2.2      | CHASE AUTO Creditor's Name   | Describe the property          | that secures the claim:               | \$15,201.00   | \$14,625.00                                | \$576.00                          |
|          | 900 STEWART AVE FL 3   | 2013 Subaru Outback            |                                       |   |  |                                   |
|          | Number Street  |                                | the claim is: Check all that apply.   |   |  |                                   |
|          |  | Contingent                     |                                       |   |  |                                   |
|          | GARDEN CITY NY 11530 City State ZIP Code   | Unliquidated                   |                                       |   |  |                                   |
|          | Who owes the debt? Check one.  | Disputed                       |                                       |   |  |                                   |
|          | ✓ Debtor 1 only  | Nature of lien. Check al       | I that apply.                         |   |  |                                   |
|          | Debtor 2 only  Debtor 1 and Debtor 2 only  | An agreement you m car loan)   | nade (such as mortgage or secured     |   |  |                                   |
|          | At least one of the debtors  | Statutory lien (such a         | as tax lien, mechanic's lien)         |   |  |                                   |
|          | and another  | Judgment lien from             | a lawsuit                             |   |  |                                   |
|          | Check if this claim relates to a community debt  | Other (including a rig         | ht to offset)                         |   |  |                                   |
|          | Date debt was 4/2014 incurred  | Last 4 digits of accoun        | t number 0900                         |   |  |                                   |
|          | Add the dollar value of y here:  | our entries in Column A        | on this page. Write that number       | \$36,044.00   |  |                                   |

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| Fill in                                  | this inforr  | mation to identify your c  | ase:   |   |   |  |
|--|--|--|--|---|---|--|
| Debt                                     | or 1   | Omar   | 0.   | Castillo  |   |  |
|  |  | First Name   | Middle Name  | Last Name   |   |  |
| Debt                                     |  |  |  |   |   |  |
| (Spou                                    | se, if filing)   | First Name   | Middle Name  | Last Name   |   |  |
| Unite                                    | ed States B  | ankruptcy Court for the:   | Northern   | District of Illinois  |   |  |
| _  |  |  |  | (State)   |   |  |
| (If kno                                  | number   | -  |  |   |   |  |
| `  |  | - 100F/F   |  |   |   | Check if this is an amended filing   |
| Oπ                                       | iciai F  | orm 106E/F   |  |   |   |  |
| Sc                                       | hedu   | ıle E/F: Cre   | ditors Who   | Have Unsec  | cured Claims  | 12/15  |
| other<br>Form<br>claim<br>the ei<br>know | party to a<br>106A/B) a<br>s that are<br>ntries in tl<br>n). | any executory contracts<br>and on Schedule G: Exe<br>listed in Schedule D: C<br>he boxes on the left. At | s or unexpired leases tha<br>cutory Contracts and Un<br>Creditors Who Hold Claim | t could result in a claim.<br>expired Leases (Official F<br>s Secured by Property. If I | Also list executory contracts or<br>form 106G). Do not include an<br>more space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
| Part                                     | LISU   | All OI YOUR PRIORIT  | r Unsecured Claims   |   |   |  |
| 1.                                       |  |  | secured claims against y   | you?  |   |  |
|  | <b>✓</b> No. 6   | Go to Part 2.  |  |   |   |  |
|  | Yes.   |  |  |   |   |  |
|  | listed, iden<br>As much a                                    | ntify what type of claim it<br>as possible, list the claims  | is. If a claim has both prior  | ity and nonpriority amounts<br>ding to the creditor's name.                             | list that claim here and show b<br>If you have more than two prio                                 | rately for each claim. For each claim oth priority and nonpriority amounts. rity unsecured claims, fill out the  |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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| Debte  | or 1        | Omar O   |                                 |           | Case number (if known)  |                   |
|--------|-------------|--|---------------------------------|-----------|---|-------------------|
|        |             | 1  |                                 | Name      |   |                   |
| Part   |             | List All of Your NONPRIORI   |                                 |           |   |                   |
| [      | Do a        | any creditors have nonpriority un<br>No. You have nothing to report in<br>Yes.             |                                 |           | court with your other schedules.  |                   |
| t<br>I | inse<br>f m | ecured claim, list the creditor separa   | tely for each claim. For each c | laim list | of the creditor who holds each claim. If a creditor has more ed, identify what type of claim it is. Do not list claims already incirt 3.If you have more than four priority unsecured claims fill out | cluded in Part 1. |
|        | _           |  |                                 |           |   | Total claim       |
| 4.1    | No          | ARCLAYS BANK DELAWARE onpriority Creditor's Name 25 S WEST ST                              |                                 |           | ### ast 4 digits of account number9793  | \$240.00          |
|        | -           | umber Street   |                                 |           |   |                   |
|        | -           | ILMINGTON Delaware   |                                 | — Ē       | s of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated   |                   |
|        |             | ity State  Tho incurred the debt? Check one.   | Zip Code                        | F         | Disputed  |                   |
|        | □           | Debtor 1 only  |                                 | L.<br>Ty  | ype of NONPRIORITY unsecured claim:   |                   |
|        |             | Debtor 2 only  |                                 | Г         | Student loans   |                   |
|        |             | Debtor 1 and Debtor 2 only   |                                 | Ē         | Obligations arising out of a separation agreement or  |                   |
|        |             | At least one of the debtors and a  |                                 | Г         | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar   |                   |
|        | L           | Check if this claim relates to a   | a community debt                |           | debts Other. Specify CreditCard   |                   |
|        | ıs<br>V     | the claim subject to offset?  No   |                                 | <u> </u>  | Other. Specify  |                   |
|        |             | Yes  |                                 |           |   |                   |
|        |             | -  |                                 |           |   |                   |
| 4.2    | No          | APITALONE<br>onpriority Creditor's Name<br>O BOX 26625                                     |                                 |           | ast 4 digits of account number  | \$6,094.00        |
|        | RI<br>Ci    | UMBER Street  ICHMOND Virginia ity State  Tho incurred the debt? Check one.  Debtor 1 only | 23261<br>Zip Code               | — [       | s of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  You of NONPRIORITY unsecured claim:  |                   |
|        |             | Debtor 2 only  |                                 | Г         | Student loans   |                   |
|        |             | Debtor 1 and Debtor 2 only   |                                 | Ē         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                   |
|        | L           | At least one of the debtors and a  |                                 |           | Debts to pension or profit-sharing plans, and other similar   |                   |
|        | L           | Check if this claim relates to a the claim subject to offset?                              | a community debt                | Į.        | debts Other. Specify CreditCard   |                   |
|        | <u>-</u>    | <b>=</b> 1 · ·   |                                 | Ľ         |   |                   |
|        |             | Yes  |                                 |           |   |                   |
| 4.3    | -           | BNA  |                                 | — La      | ast 4 digits of account number 0382   | \$1,639.00        |
|        |             | onpriority Creditor's Name<br>o Box 6497   |                                 |           | /hen was the debt incurred? 3/2017  |                   |
|        | -           | umber Street   |                                 | A         | s of the date you file, the claim is: Check all that apply.   |                   |
|        | _           |  |                                 |           | Contingent  |                   |
|        | _           | oux Falls South Da<br>ity State  | akota 57117<br>Zip Code         | — [       | Unliquidated  |                   |
|        |             | ho incurred the debt? Check one  | ·                               |           | Disputed  |                   |
|        | V           | Debtor 1 only  |                                 | Ty        | ype of NONPRIORITY unsecured claim:   |                   |
|        |             | Debtor 2 only  |                                 |           | Student loans   |                   |
|        |             | Debtor 1 and Debtor 2 only   |                                 | Ē         | Obligations arising out of a separation agreement or  |                   |
|        |             | At least one of the debtors and a  | nother                          | Г         | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar   |                   |
|        |             | Check if this claim relates to a   | a community debt                | _         | debts   |                   |
|        | Is<br>•     | the claim subject to offset? No  |                                 | ·         | Other. Specify CreditCard   |                   |
|        | Г           | Yes  |                                 |           |   |                   |

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0 Castillo Debtor 1 Omar Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** DISCOVER FIN SVCS LLC 4.4 \$1,681.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/2012 PO BOX 15316 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes LAKE FOREST BANK & TRU \$1,407.00 Last 4 digits of account number 0004 Nonpriority Creditor's Name 727 North Bank Lane When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60045 Lake Forest Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 024 InstallmentLoan Is the claim subject to offset? **✓** No Yes LAKE FOREST BANK & TRU 4.6 \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name 727 North Bank Lane When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60045 Lake Forest City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Credit Card

✓ No Yes

Is the claim subject to offset?

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0 Castillo Debtor 1 Omar Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 LENDING CLUB \$7,806.00 Last 4 digits of account number 5445 Nonpriority Creditor's Name When was the debt incurred? 3/2016 71 Stevenson, 300 As of the date you file, the claim is: Check all that apply. Contingent 94105 San Francisco California Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 36 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.8 MARINR FINC \$2,620.00 Last 4 digits of account number 6215 Nonpriority Creditor's Name 1748 Gunbarrel Rd #100 When was the debt incurred? 4/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent 37421 Chattanooga Tennessee Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 36 InstallmentLoan Is the claim subject to offset? **✓** No PayPal Credit 4.9 \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 105658 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Atlanta 30348 Georgia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Credit Card

✓ No ☐ Yes

Is the claim subject to offset?

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Castillo 0 Debtor 1 Omar Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 SYNCB/HH GREGG \$2,896.00 Last 4 digits of account number 2735 Nonpriority Creditor's Name PO BOX 965036 When was the debt incurred? 3/2012 Number As of the date you file, the claim is: Check all that apply. Contingent ORLANDO 32896 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 TD BANK USA/TARGETCRED \$2,143.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 673 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS Minnesota 55440 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Omar O. Castillo Case number (if known)

First Name Middle Name Last Name

| FIISLING                 | arile ivilique name Last name   |         |                      |       |
|--------------------------|---|---------|----------------------|-------|
| Part 4: Add t            | he Amounts for Each Type of Unsecured Claim   |         |                      |       |
|                          | amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim.  | s for s | tatistical reporting | purpo |
|                          |   |         | Total claims         |       |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |       |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |       |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 |         | \$0.00               |       |
|                          |   |         | \$0.00               |       |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e.     |                      |       |
|                          |   |         | Total claims         |       |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$0.00               |       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00               |       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00               |       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write  | 6i.     | \$31,526.00          |       |
|                          | that amount here.   |         |                      |       |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$31,526.00          |       |

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| Fill in this infor                      | mation to identify your c | ase:        |                      |  |
|---|---------------------------|-------------|----------------------|--|
| Debtor 1                                | Omar                      | 0.          | Castillo             |  |
|   | First Name                | Middle Name | Last Name            |  |
| Debtor 2                                |                           |             |                      |  |
| (Spouse, if filing)                     | First Name                | Middle Name | Last Name            |  |
| United States Bankruptcy Court for the: |                           | Northern    | District of Illinois |  |
|   |                           |             | (State)              |  |
| Case number                             |                           |             |                      |  |
| (If known)                              |                           |             |                      |  |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                        |                            | 5   | ournoin ragi               | 10 00 01 12  |                                 |
|------------------------|----------------------------|---|----------------------------|--|---------------------------------|
| Fill in this info      | rmation to identify your o | case:   |                            |  |                                 |
| Debtor 1               | Omar                       | 0.  | Castillo                   |  |                                 |
|                        | First Name                 | Middle Name   | Last Name                  |  |                                 |
| Debtor 2               |                            |   |                            |  |                                 |
| (Spouse, if filing)    | First Name                 | Middle Name   | Last Name                  |  |                                 |
| United States          | Bankruptcy Court for the:  | Northern  | District of Illinois       |  |                                 |
| 0                      |                            |   | (State)                    |  |                                 |
| Case number (If known) |                            |   |                            | <del></del>  |                                 |
| O.C. : 1               | <b>-</b>                   |   |                            |  | ck if this is an<br>nded filing |
| Official               | Form 106H                  |   |                            |  |                                 |
| Sahadu                 | le H: Your Co              | dobtoro   |                            |  | 40/45                           |
| Schedu                 | ie ni Your Cod             | reprors   |                            |  | 12/15                           |
| •                      |                            | ou are filing a joint case, do                      | not list either spouse as  | a codebtor.)   |                                 |
|                        |                            | lived in a community proxico, Puerto Rico, Texas, W |                            | (? (Community property states and territories include Arizona, sin.) | California,                     |
| ✓ No.                  | Go to line 3.              |   |                            |  |                                 |
| ☐ Yes                  | s. Did your spouse, form   | er spouse, or legal equiva                          | alent live with you at the | ; time?  |                                 |
|                        | No                         |   |                            |  |                                 |
|                        | Yes. In which communi      | ty state or territory did yo                        | u live?                    | Fill in the name and current address of that person.                 |                                 |
|                        | Name of your spouse,       | former spouse, or legal equ                         | ivalent                    |  |                                 |
|                        | Number Street              |   |                            |  |                                 |
|                        | City                       | State   | Zip Co                     | ode  |                                 |
|                        | ·                          |   | •                          |  |                                 |
| 3. In Colum            | n 1, list all of your code |   |                            | r if your spouse is filing with you. List the person shown in        | ı line 2                        |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|   |  | Do  | Cument                           | r age of           | 01 12             |                                   |  |  |
|---|--|---|----------------------------------|--------------------|-------------------|-----------------------------------|--|--|
| Fill in this in                             | nformation to identify                                     | your case:  |                                  |                    |                   |                                   |  |  |
| Debtor 1                                    | Omar   | О.  | Castillo                         | 0                  |                   |                                   |  |  |
|   | First Name   | Middle Name   | Last N                           |                    | - Che             | eck if this is:                   |  |  |
| Debtor 2                                    | .) =   |   |                                  |                    |                   | An amended filing                 |  |  |
| (Spouse, if filin                           | g) First Name  | Middle Name   | Last N                           | ame                |                   | · ·                               |  |  |
| United State the:                           | s Bankruptcy Court for                                     | Northern  | _ District of Illi<br>(S         | inois<br>State)    |                   | expenses as of the fo             | g post-petition chapter 13<br>lowing date: |  |
| Case number<br>(If known)                   | er   |   |                                  |                    | _                 | MM / DD / YYYY                    |  |  |
| Official                                    | Form 106I  |   |                                  |                    |                   |                                   |  |  |
|   | ıle I: Your In   | come  |                                  |                    |                   |                                   | 12/1                                       |  |
| information<br>spouse. If m<br>number (if k | about your spouse.   |   | d your spous                     | se is not filing   | with you, do      | not include inform                | ation about your                           |  |
|   |  |   | Debtor 1                         |                    |                   | Debtor 2                          |  |  |
| 1. Fill in yo                               | our employment   |   | Deptor i                         |                    |                   | Debtor 2                          |  |  |
|   |  | Employment status                                       | Employed                         |                    |                   | <b>Employed</b>                   |  |  |
|   | If you have more than one job, attach a separate page with |   | Not Er                           | mployed            |                   | Not Employed                      |  |  |
| informati<br>employe                        | on about additional  | Occupation  | Shipping                         |                    |                   | Self-employment                   |  |  |
|   | oart time, seasonal, or                                    | •   |                                  |                    |                   | - Con employment                  |  |  |
|   | loyed work.  | Employer's name   | Aerotek Co                       | ommercial Staffing | ]                 |                                   |  |  |
|   | ion may include student maker, if it applies.              | Employer's address                                      | 7301 Parkway Dr<br>Number Street |                    |                   | Number Street                     |  |  |
|   |  |   |                                  |                    |                   | _                                 |  |  |
|   |  |   | Hanover                          | Maryland           | 21076             | _                                 |  |  |
|   |  |   | City                             | State              | Zip Code          | City                              | State Zip Code                             |  |
|   |  | How long employed there?                                |                                  |                    |                   |                                   |  |  |
| Part 2: G                                   | ive Details About N  |   |                                  |                    |                   |                                   |  |  |
|   | nonthly income as of ess you are separated.                | the date you file this forn                             | <b>n.</b> If you have            | nothing to repor   | t for any line, v | write \$0 in the space.           | Include your non-filing                    |  |
| If you or yo                                | •  | e more than one employer,<br>eet to this form.          | combine the                      | information for a  | ll employers fo   | or that person on the li          | nes below. If you need                     |  |
| ,   | ,  |   |                                  | For D              | ebtor 1           | For Debtor 2 or non-filing spouse |  |  |
|   |  | ary, and commissions (befor, calculate what the monthly |                                  | 2.                 | \$3,087.33        | \$0                               | 0.00                                       |  |
|   | ate and list monthly ove                                   | rtime pay.  |                                  | 3.                 | + \$0.00          | + \$0                             | 0.00                                       |  |

\$3,087.33

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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| Debt                 | or 10mar<br>First Name                    |   | Castillo<br>Last Name |          | Case number            |                                   |       |                         |
|----------------------|---|---|-----------------------|----------|------------------------|-----------------------------------|-------|-------------------------|
|                      | riiot Naino                               | Wilder Hallie   | Luot Hamo             |          | For Debtor 1           | For Debtor 2 or non-filing spouse |       |                         |
| Co                   | py line 4 here                            |   | <b>→</b> 4.           |          | \$3,087.33             | \$0.00                            |       |                         |
| 5. <b>Lis</b>        | t all payroll dedu                        |   |                       |          |                        |                                   |       |                         |
| 5a                   | . Tax, Medicare,                          | and Social Security deductions  | 5                     | a.       | \$622.44               | \$0.00                            |       |                         |
| 5b                   | . Mandatory con                           | tributions for retirement plans   | 5                     | b.       | \$0.00                 | \$0.00                            |       |                         |
| 5с                   | . Voluntary contr                         | ibutions for retirement plans   | 5                     | C.       | \$0.00                 | \$0.00                            |       |                         |
| 5d                   | l. Required repay                         | ments of retirement fund loans  | 5                     | d.       | \$0.00                 | \$0.00                            |       |                         |
| 5e                   | . Insurance                               |   | 5                     | e.       | \$0.00                 | \$0.00                            |       |                         |
| 5f.                  | Domestic suppo                            | ort obligations   | 51                    | f.       | \$0.00                 | \$0.00                            |       |                         |
| 5g                   | . Union dues                              |   | 5                     | g.       | \$0.00                 | \$0.00                            |       |                         |
| 5h                   | . Other deductio                          | ns. Specify:  | 5                     | h. +     | \$0.00 +               | \$0.00                            |       |                         |
| 6. <b>Ad</b><br>+5h. | d the payroll ded                         | <b>luctions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f   | f + 5g 6              |          | \$622.44               | \$0.00                            |       |                         |
| 7. <b>Ca</b> l       | Iculate total mor                         | nthly take-home pay. Subtract line 6 from line  | 4. 7                  | =        | \$2,464.89             | \$0.00                            |       |                         |
| 8. <b>Lis</b>        | t all other incom                         | e regularly received:   |                       |          |                        |                                   |       |                         |
| 8a                   | . Net income from business, profes        | m rental property and from operating a ssion, or farm   |                       |          |                        |                                   |       |                         |
|                      |   | nt for each property and business showing rdinary and necessary business expenses, and  | 8:                    | 2        | \$0.00                 | \$1,083.33                        |       |                         |
| 8h                   | . Interest and div                        |   |                       | a.<br>b. | \$0.00                 | \$0.00                            |       |                         |
|                      |   | payments that you, a non-filing spouse, or  |                       | υ.       | Ψ0.00                  | ψ0.00                             |       |                         |
|                      |   | spousal support, child support, maintenance, nt, and property settlement.   | 8                     | C.       | \$0.00                 | \$0.00                            |       |                         |
| 8d                   | . Unemployment                            | compensation  | 8                     | d.       | \$0.00                 | \$0.00                            |       |                         |
| 8e                   | . Social Security                         |   | 8                     | е.       | \$0.00                 | \$0.00                            |       |                         |
| 8f.                  | Include cash assi<br>cash assistance t    | ent assistance that you regularly receive istance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or se | 8:                    | f.       | \$0.00                 | \$0.00                            |       |                         |
| 8g                   | . Pension or reti                         | rement income   | 8                     | g.       | \$0.00                 | \$0.00                            |       |                         |
| 8h                   | . Other monthly                           | income. Specify:  | 8                     | h. +     | \$0.00 +               | \$0.00                            |       |                         |
| 9. <b>Ad</b>         | d all other incom                         | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +   | ⊦8h. 9                | . [      | \$0.00                 | \$1,083.33                        |       |                         |
|                      |   | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing sp   | 10<br>oouse           | 0.       | \$2,464.89 +           | \$1,083.33                        | =     | \$3,548.22              |
| In o                 | clude contributions<br>ends or relatives. | ular contributions to the expenses that you<br>s from an unmarried partner, members of your<br>amounts already included in lines 2-10 or amou                                   | household,            | your c   | lependents, your roomm |                                   |       |                         |
| Sp                   | ecify:                                    |   |                       |          |                        |                                   | 11. + | \$0.00                  |
|                      |   | the last column of line 10 to the amount in the Summary of Schedules and Statistical Sui  |                       |          |                        |                                   | 12.   | \$3,548.22              |
|                      |   |   |                       |          |                        |                                   |       | Combined monthly income |
| 13. <b>D</b>         | o you expect an i<br>✓ No.                | increase or decrease within the year after y  | you file this         | form'    | •                      |                                   |       |                         |
|                      | Yes. Explain:                             |   |                       |          |                        |                                   |       |                         |
| L                    | J 163. Expidiii.                          |   |                       |          |                        |                                   |       |                         |

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| Debtor 10mar  | 0.                     |          | stillo     |              | Case number (if |            |   |  |  |
|---|------------------------|----------|------------|--------------|-----------------|------------|---|--|--|
| First Name  | Middle Name            | Las      | t Name     |              | known)          |            |   |  |  |
| Official Form 106I. Add   | ditional page.         |          |            |              |                 |            |   |  |  |
| 8a.Net income from rental property and from operating a business, profession, or farm |                        |          |            |              |                 |            |   |  |  |
| 8a.1 Babysitting - Cash Job   |                        | Debtor 1 | Debtor 2   |              |                 |            |   |  |  |
| Gross receipts (before all deduc  | ctions)                |          | \$1,083.33 |              |                 |            |   |  |  |
| Ordinary and necessary operati  | ng expenses            |          | -\$0.00    |              |                 |            |   |  |  |
| Net monthly income from a bufarm  | siness, profession, or |          | \$1,083.33 | Copy<br>here |                 | \$1,083.33 | - |  |  |

Official Form 106l Schedule I: Your Income page 3

|   | Case 17                      | -23054                   | DOCI                             | Docu       | 6/02/1 <i>1</i><br>ment [  | Page 34                    |          | 2/17 11.40.0                              | b Desc                         | Maili       |       |
|---|------------------------------|--------------------------|----------------------------------|------------|----------------------------|----------------------------|----------|---|--------------------------------|-------------|-------|
| Fill in this infor                          | mation to identif            | y your case:             |                                  |            |                            |                            |          |   |                                |             |       |
| Debtor 1                                    | Omar                         |                          | 0.                               |            | Castillo                   |                            |          |   |                                |             |       |
| Debtor 2                                    | First Name                   |                          | Middle Nam                       | ne         | Last Name                  | e                          |          | Check if this is:                         |                                |             |       |
| (Spouse, if filing)                         | First Name                   |                          | Middle Nam                       | ne         | Last Name                  | 9                          | _        | An amended f                              | ling                           |             |       |
| United States B                             | ankruptcy Court              | for the: Nor             | thern                            | D          | istrict of Illinoi         |                            | _        | 1 1 1 1 1                                 | showing post-<br>the following |             | er 13 |
| Case number<br>(If known)                   |                              |                          |                                  |            |                            |                            | _        | MM / DD / YY                              | Υ                              |             |       |
| Official                                    | Form 10                      | 6J                       |                                  |            |                            |                            |          |   |                                |             |       |
| Schedul                                     | e J: Your                    | Expens                   | ses                              |            |                            |                            |          |   |                                |             | 12/1  |
| Part 1: Desc<br>1. Is this a join<br>No. Go | to line 2  Des Debtor 2 live | usehold<br>e in a separa | te household?<br>cial Forms 106J | -2, Expens | ses for Separat            | e Household (              | of Debto | r 2.                                      |                                |             |       |
| 2. Do you have                              | e dependents?                | <b>√</b> No              |                                  |            |                            |                            |          |   |                                |             |       |
| Do not list D<br>Debtor 2.                  | ebtor 1 and                  |                          | out this informate               | ation for  | Dependent's<br>Debtor 1 or | s relationship<br>Debtor 2 | p to     | Dependent's age                           | Does dep<br>with you?          | endent live |       |
|   | -                            | ✓ No<br>Yes              |                                  |            |                            |                            |          |   |                                |             |       |
| Part 2: Estir                               | nate Your On                 | going Mont               | hly Expenses                     | S          |                            |                            |          |   |                                |             |       |
| _   | f a date after th            | -                        |                                  | -          | -                          |                            |          | ment in a Chapter<br>oox at the top of th |                                | •           |       |

Include expenses paid for with non-cash government assistance if you know the value of

such assistance and have included it on Schedule I: Your Income (Official Form B 106I.) 4.

| <ol> <li>The rental or home ownership expenses for your residence. Include first mortgage payments and<br/>any rent for the ground or lot. 4.</li> </ol> | 4.  | \$725.00 |
|--|-----|----------|
| If not included in line 4:   |     |          |
| 4a. Real estate taxes  | 4a  | \$0.00   |
| 4b. Property, homeowner's, or renter's insurance   | 4b. | \$0.00   |
| 4c. Home maintenance, repair, and upkeep expenses  | 4c. | \$0.00   |
| 4d. Homeowner's association or condominium dues  | 4d. | \$0.00   |

Your expenses

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Debtor 1 Omar O. Castillo Case number (if known)
First Name Middle Name Last Name

| First Name   | Middle Name                    | Last Name                                   |     |              |
|--|--------------------------------|---|-----|--------------|
|  |                                |   | Y   | our expenses |
| 5. Additional mortgage payments for                                      | or your residence, such a      | as home equity loans                        | 5.  | \$0.00       |
| 6. Utilities:  |                                |   |     |              |
| 6a. Electricity, heat, natural gas                                       |                                |   | 6a. | \$265.00     |
| 6b. Water, sewer, garbage collection                                     | n                              |   | 6b. | \$55.00      |
| 6c. Telephone, cell phone, Internet                                      | , satellite, and cable service | es  | 6c. | \$310.00     |
| 6d. Other. Specify:  |                                |   | 6d  | \$0.00       |
| $7.\ \textbf{Food and housekeeping supplies}$                            |                                |   | 7.  | \$550.00     |
| 8. Childcare and children's education                                    | on costs                       |   | 8.  | \$0.00       |
| 9. Clothing, laundry, and dry cleaning                                   | ng                             |   | 9.  | \$85.00      |
| 10. Personal care products and ser                                       | vices                          |   | 10. | \$85.00      |
| 11. Medical and dental expenses  |                                |   | 11. | \$75.00      |
| 12. <b>Transportation.</b> Include gas, main Do not include car payments | ntenance, bus or train fare.   |   | 12. | \$300.00     |
| 13. Entertainment, clubs, recreation                                     | n, newspapers, magazin         | es, and books                               | 13. | \$0.00       |
| 14. Charitable contributions and re                                      | ligious donations              |   | 14. | \$0.00       |
| 15. <b>Insurance.</b> Do not include insurance deducted                  | from your pay or included      | d in lines 4 or 20.                         |     |              |
| 15a. Life insurance  |                                |   | 15a | \$0.00       |
| 15b. Health insurance  |                                |   | 15b | \$0.00       |
| 15c. Vehicle insurance   |                                |   | 15c | \$198.00     |
| 15d. Other insurance. Specify:   |                                |   | 15d | \$0.00       |
| 16. Taxes. Do not include taxes deduc                                    | cted from your pay or inclu    | uded in lines 4 or 20.                      |     |              |
| Specify:   |                                |   | 16  | \$0.00       |
| 17. Installment or lease payments:                                       |                                |   | 10  |              |
| 17a. Car payments for Vehicle 1  |                                |   | 17a | \$0.00       |
| 17b. Car payments for Vehicle 2  |                                |   | 17b | \$0.00       |
| 17c. Other. Specify:   |                                |   | 17c | \$0.00       |
| 17d. Other. Specify:   |                                |   | 17d | \$0.00       |
| 18. Your payments of alimony, main                                       | tenance, and support th        | hat you did not report as deducted from     |     | \$0.00       |
| your pay on line 5, Schedule I, \  | Your Income (Official Fo       | rm 106I).                                   | 18. |              |
| 19.Other payments you make to sup  | pport others who do not        | live with you.                              |     |              |
| Specify:   |                                |   | 19. | \$0.00       |
|  | t included in lines 4 or 5     | of this form or on Schedule I: Your Income. |     |              |
| 20a. Mortgages on other property   |                                |   | 20a | \$0.00       |
| 20b. Real estate taxes.  | akada faassaa                  |   | 20b | \$0.00       |
| 20c. Property, homeowner's, or rer                                       |                                |   | 20c | \$0.00       |
| 20d. Maintenance, repair, and upke                                       |                                |   | 20d | \$0.00       |
| 20e. Homeowner's association or o  | condominium dues               |   | 20e | \$0.00       |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Om   |   | 0.                  | Castillo    | Case number (if known) |     |            |
|---|---|---------------------|-------------|------------------------|-----|------------|
|   | t Name  | Middle Name         | Last Name   |                        |     |            |
| 21. <b>Other.</b> Sp  | pecify:   |                     |             |                        | 21  | \$0.00     |
|   |   |                     |             |                        |     |            |
|   | te your monthly expenses.   |                     |             |                        |     | \$2,648.00 |
|   | lines 4 through 21.   |                     | \$0.00      |                        |     |            |
| •   | y line 22 (monthly expenses   | ,,                  |             |                        |     | \$2,648.00 |
|   | line 22a and 22b. The result  |                     | enses.      |                        | 22. |            |
| 23. Calculate   | e your monthly net income   | e.                  |             |                        |     |            |
| 23a. Cop  | y line 12 (your combined me   | onthly income) from | Schedule I. |                        | 23a | \$3,548.22 |
| 23b. Cop  | y your monthly expenses fro   | om line 22 above.   |             |                        | 23b | \$2,648.00 |
| 23c. Subtract your monthly expenses from your monthly income. |   |                     |             |                        |     | \$900.22   |
| The   | result is your monthly net in   | icome.              |             |                        | 23c | <u>-</u>   |
|   | nple, do you expect to finish<br>e payment to increase or de<br>Explain here: |                     |             |                        |     |            |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Omar       | Ο.          | Castillo                     |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number                                     |            |             | (,                           |  |  |  |  |

### Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |  |  |  |
|     | ✓ No   |   |  |  |  |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |  |  |  |  |  |  |
| x   | /s/ Omar Castillo  | *   |  |  |  |  |  |  |  |
| 30  | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Date 8/2/2017  | Date  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |  |  |  |

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| Fill in this | s information to  | identify your  | case:              |  |                                   |                           |                   |   |
|--------------|---|--|--------------------|--|-----------------------------------|---------------------------|-------------------|---|
| Debtor 1     | Omar  |  | 0.                 | Castillo   |                                   |                           |                   |   |
| Debtor 2     | First Nar   | ne   | Middle Na          | ame Last Nan   | ne                                |                           |                   |   |
| (Spouse, if  |   | ne   | Middle Na          | ame Last Nan   | ne                                |                           |                   |   |
| United St    | tates Bankruptcy  | Court for the  | : Northern         | District of Illing   |                                   |                           |                   |   |
| Case nur     | mber  |  |                    | ,010   |                                   |                           |                   |   |
| . ,          |   |  |                    |  |                                   |                           |                   | Check if this i   |
| Offic        | ial Form  | 107  |                    |  |                                   |                           |                   | amended filin   |
| 3tate        | ment of I   | Financi  | al Affairs fo      | or Individuals   | Filing for                        | Bankru                    | uptcy             | 04  |
|              |   |  |                    | rried people are filing  |                                   |                           |                   |   |
|              | ion. If more sp<br>(if known). An   |  |                    | rate sheet to this forn  | n. On the top of                  | any additio               | onal pages, write | your name and case  |
|              |   |  | 4                  |  |                                   |                           |                   |   |
| Part 1:      | Give Details  | About You  | r Marital Status a | and Where You Lived  | d Before                          |                           |                   |   |
| 1. W         | nat is your curr  | ent marital s  | tatue?             |  |                                   |                           |                   |   |
|              |   |  | tutus.             |  |                                   |                           |                   |   |
|              | 1 Marriad   |  | tutus.             |  |                                   |                           |                   |   |
| <u> </u>     | Married   |  | tutus.             |  |                                   |                           |                   |   |
|              | Married Not married   |  | tutus.             |  |                                   |                           |                   |   |
| 2. Du        | Not married   |  |                    | other than where you li  | ive now?                          |                           |                   |   |
| 2. Du        | Not married   |  |                    | other than where you li  | ive now?                          |                           |                   |   |
| 2. Du        | Not married ring the last 3   | years, have y  | ou lived anywhere  | other than where you li<br>3 years. Do not include                                 |                                   | ow.                       |                   |   |
| 2. Du        | Not married ring the last 3   | years, have y  | ou lived anywhere  |  |                                   | ow.                       |                   |   |
| 2. Du        | Not married ring the last 3   | years, have y  | ou lived anywhere  |  |                                   | ow.                       |                   | Dates Debtor 2 lived there                                    |
| 2. Du        | Not married  ring the last 3  No Yes. List all o  | years, have y  | ou lived anywhere  | 3 years. Do not include  Dates Debtor 1 lived                                      | where you live no                 |                           |                   | there   |
| 2. Du        | Not married  ring the last 3  No Yes. List all o  | years, have y  | ou lived anywhere  | 3 years. Do not include  Dates Debtor 1 lived                                      | where you live n                  |                           |                   |   |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:   | years, have y<br>f the places y<br>son St.                 | ou lived anywhere  | 3 years. Do not include  Dates Debtor 1 lived                                      | where you live not be better 2:   | Debtor 1                  |                   | there   |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:   | years, have y<br>f the places y<br>son St.                 | ou lived anywhere  | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014                  | where you live no                 | Debtor 1                  |                   | there  Same as Debtor 1  From                                 |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street                | years, have y  | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there                                | where you live not be better 2:   | Debtor 1                  |                   | there Same as Debtor 1  |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:   | years, have y<br>f the places y<br>son St.                 | ou lived anywhere  | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014                  | where you live not be better 2:   | Debtor 1                  | Zip Code          | there  Same as Debtor 1  From                                 |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street  Waukegan      | years, have y  f the places y  son St.                     | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014                  | Debtor 2:  Same as  Number Street | Debtor 1 et State         | Zip Code          | there  Same as Debtor 1  From                                 |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street  Waukegan      | years, have y  f the places y  son St.                     | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014                  | Debtor 2:  Same as  Number Street | Debtor 1 et State         | Zip Code          | there  Same as Debtor 1  From To                              |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street  Waukegan      | years, have y  f the places y  con St.  t  Illinois  State | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014                  | Debtor 2:  Same as  Number Street | Debtor 1  State  Debtor 1 | Zip Code          | there  Same as Debtor 1  From To                              |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street  Waukegan City | years, have y  f the places y  con St.  t  Illinois  State | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014 To 06/2017       | Debtor 2:  Same as  Number Street | Debtor 1  State Debtor 1  | Zip Code          | there  Same as Debtor 1  From To  Same as Debtor 1            |
| 2. Du        | Not married  Iring the last 3  No Yes. List all or  Debtor 1:  2205 N. Jacks Number Street  Waukegan City | years, have y  f the places y  con St.  t  Illinois  State | you lived anywhere | 3 years. Do not include  Dates Debtor 1 lived there  From 06/2014 To 06/2017  From | Debtor 2:  Same as  Number Street | Debtor 1  State Debtor 1  | Zip Code          | there  Same as Debtor 1  From To  Same as Debtor 1  From From |

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| Debt | tor 1                              | Omar O.  |  | astillo  | Case r   | number     | (if known)   |               |  |
|------|------------------------------------|--|--|--|--|------------|--|---------------|--|
|      |                                    | First Name Middle  | Name La  | st Name  |  |            | ·  |               |  |
| Part | 2:                                 | Explain the Sources of Your Inc  | ome  |  |  |            |  |               |  |
|      | Fill i                             | you have any income from employment the total amount of income you receivorities. If you are filing a joint case and you No  Yes. Fill in the details.   | ed from all jobs and all   | businesses, i  | ncluding part-time   |            |  | ears?         |  |
|      |                                    |  | Debtor 1   |  |  | Deb        | tor 2  |               |  |
|      |                                    |  | Sources of income<br>Check all that apply.                                   |  | income<br>e deductions and<br>ions)                            |            | rces of income<br>ck all that apply.                               |               | income<br>e deductions and<br>ions)                    |
|      |                                    | om January 1 of current year until<br>e date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business                       | \$   | 17785.05   |            | Wages,<br>commissions,<br>bonuses, tips<br>Operating a<br>business |               |  |
|      |                                    | or last calendar year: anuary 1 to December 31, 2016 )  YYYY   | Wages, commissions, bonuses, tips Operating a business                       | \$-  | 100864.00  | П          | Wages,<br>commissions,<br>bonuses, tips<br>Operating a<br>business |               |  |
|      |                                    | or the calendar year before that: anuary 1 to December 31, 2015 ) YYYYY  | Wages, commissions, bonuses, tips Operating a business                       | \$   | 105030.00  |            | Wages, commissions, bonuses, tips Operating a business             |               |  |
| <br> | Inclu<br>publi<br>filing<br>List 6 | you receive any other income during de income regardless of whether that in ic benefit payments; pensions; rental inc a joint case and you have income that yeach source and the gross income from No  Yes. Fill in the details. | come is taxable. Exam<br>come; interest; dividence<br>you received together, | ples of other in<br>ls; money coll<br>list it only onc | ncome are alimony;<br>ected from lawsuits<br>e under Debtor 1. | s; royalti | es; and gambling and   |               | =  |
|      |                                    |  | Debtor 1   |  |  | Del        | btor 2   |               |  |
|      |                                    |  | Sources of income<br>Describe below.   | eac<br>(bef  | ss income from<br>h source<br>ore deductions<br>exclusions)    |            | urces of income<br>scribe below.                                   | each<br>(befo | s income from<br>source<br>re deductions and<br>sions) |
|      |                                    | rom January 1 of current year until<br>ne date you filed for bankruptcy:   |  |  |  | _          |  |               |  |
|      |                                    | or last calendar year: lanuary 1 to December 31, 2016 ) YYYY   |  |  |  |            |  |               |  |
|      |                                    | or the calendar year before that:<br>lanuary 1 to December 31, 2015 )<br>YYYY  |  |  |  |            |  |               |  |
|      |                                    |  |  |  |  | _          |  |               |  |

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Castillo 0 Debtor 1 Omar \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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| or 1               | Omar                                   |  | Ο.   |  | astillo                                    | Case number                                    | (if known)  |
|--------------------|--|--|--|--|--|--|---|
|                    | First Name                             |  | Middle Name  | Las                                      | st Name                                    |  |   |
| nsi<br>corp<br>age | ders include your<br>porations of whic | r relatives; a<br>h you are a<br>for a busir | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control | general partners; par<br>or owner of 20% o | tnerships of which y<br>r more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>           | No                                     |  |  |  |  |  |   |
|                    | Yes. List all pay                      | yments to                                    | an insider.  | Dates of                                 | Total amount                               | Amountwou                                      | December this navement  |
|                    |  |  |  | payment                                  | Total amount paid                          | Amount you still owe                           | Reason for this payment   |
|                    | Insider's Name                         |  |  |  |  |  |   |
|                    | Number Street                          |  |  |  |  |  |   |
|                    | City                                   | State  | Zip Code   |  |  |  |   |
|                    | Insider's Name                         |  | ·<br>  |  |  |  |   |
|                    |  |  |  |  |  |  |   |
|                    | Number Street                          |  |  |  |  |  |   |
|                    | City                                   | State  | Zip Code   |  |  |  |   |
| insi               | der?<br>ude payments or<br>No          | ı debts gua                                  | aranteed or cosignate  | ed by an insider.                        | Total amount paid                          | Amount you still owe                           | Reason for this payment  Include creditor's name  |
|                    | Insider's Name                         |  |  |  |  |  |   |
|                    | Number Street                          |  |  |  |  |  |   |
| _                  | City                                   | State  | Zip Code   |  |  |  |   |
|                    | Insider's Name                         |  |  |  |  |  |   |
|                    | Number Street                          |  |  |  |  |  |   |
|                    |  |  |  |  |  |  |   |
|                    | City                                   | State  | Zip Code   |  |  |  |   |

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Debtor 1 Omar Castillo Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Omar<br>First Name                            | O.<br>Middle Name                                       | Castillo<br>Last Name        | Case number (if known)                       |                        |
|------|---|---|------------------------------|--|------------------------|
| 11.  |   | u filed for bankruptcy, did<br>lke a payment because yo |                              | ank or financial institution, set off any ar | nounts from your       |
|      | No Yes. Fill in the details                         |   |                              |  |                        |
|      |   |   | Describe the action the      | creditor took  Date action was taken         | n Amount               |
|      | Creditor's Name                                     |   |                              |  |                        |
|      | Number Street                                       |   | Last 4 digits of account n   | umber: XXXX-                                 |                        |
|      | City Sta  | ate Zip Code  |                              |  |                        |
| 12.  | Within 1 year before you tappointed receiver, a cus |   |                              | oossession of an assignee for the benefit    | of creditors, a court- |
|      | ✓ No ☐ Yes  |   |                              |  |                        |
| Part | List Certain Gifts a                                | nd Contributions  |                              |  |                        |
| 13.  | Within 2 years before yo                            | u filed for bankruptcy, did                             | you give any gifts with a to | tal value of more than \$600 per person?     |                        |
|      | ✓ No  Yes. Fill in the details                      | s for each gift.  |                              |  |                        |
|      | Gifts with a total value per person                 | ue of more than \$600                                   | Describe the gifts           | Dates you<br>gave the<br>gifts               | Value                  |
|      | Person to Whom You                                  | Gave the Gift   |                              |  |                        |
|      | Number Street                                       |   |                              |  |                        |
|      | City Sta  | ·   |                              |  |                        |
|      | Person to Whom You                                  | Gave the Gift   |                              |  |                        |
|      | Number Street                                       |   |                              |  |                        |
|      | City Sta<br>Person's relationship to                | •   |                              |  |                        |

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| Deb  | tor 1        | Omar   | 0.                       | Castillo  | Case number (if know           | vn)                   |                        |
|------|--------------|--|--------------------------|---|--------------------------------|-----------------------|------------------------|
|      |              | First Name   | Middle Name              | Last Name   |                                |                       |                        |
| 4.4  | \A/:+        | hin O wasna hafana waw filad                       | for bontoninton did      |   | hutiana with a tatal valua     | of mare than \$600.   | ta anu aharitu?        |
| 14.  | WIT          | hin 2 years before you filed                       | for bankruptcy, did      | you give any giπs or contri                       | butions with a total value     | of more than \$600    | to any charity?        |
|      | $\checkmark$ | No   |                          |   |                                |                       |                        |
|      | П            | Yes. Fill in the details for ea                    | ach gift or contributio  | n.  |                                |                       |                        |
|      | _            | Gifts or contributions to c                        | harities                 | Describe what you con                             | tributed                       | Date you              | Value                  |
|      |              | that total more than \$600                         |                          | Doddingo what you con                             | butou                          | contributed           | Talao                  |
|      |              |  |                          |   |                                |                       |                        |
|      |              | Charity's Name                                     |                          |   |                                |                       |                        |
|      |              | Chanty's Name                                      |                          |   |                                |                       |                        |
|      |              | -  |                          |   |                                |                       |                        |
|      |              | Number Street                                      |                          |   |                                |                       |                        |
|      |              | Number offect                                      |                          |   |                                |                       |                        |
|      |              | City State   | Zip Code                 |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
| Part | 6:           | List Certain Losses                                |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
| 15.  |              | hin 1 year before you filed f                      | or bankruptcy or sin     | ce you filed for bankruptcy                       | , did you lose anything bed    | cause of theft, fire, | other disaster, or     |
|      | gan          | nbling?  |                          |   |                                |                       |                        |
|      | <b>V</b>     | No   |                          |   |                                |                       |                        |
|      | Ħ            | Yes. Fill in the details.                          |                          |   |                                |                       |                        |
|      | ш            |  |                          |   |                                |                       |                        |
|      |              | Describe the property you<br>how the loss occurred | lost and                 | Describe any insurance<br>Include the amount that |                                | Date of your loss     | Value of property lost |
|      |              | now the loss cocarred                              |                          | pending insurance claims                          |                                | 1033                  | 1031                   |
|      |              |  |                          | A/B: Property.                                    |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
| Part | 7:           | List Certain Payments of                           | or Transfers             |   |                                |                       |                        |
|      | Incl         | ude any attorneys, bankruptcy                      | y petition preparers, or | credit counseling agencies for                    | or services required in your b | ankruptcy.            |                        |
|      | ✓            | Yes. Fill in the details.                          |                          |   |                                |                       |                        |
|      |              |  |                          | Description and value of                          | of any property                | Date payment          | Amount of              |
|      |              |  |                          | transferred                                       |                                | or transfer           | payment                |
|      |              |  |                          |   |                                | was made              |                        |
|      |              | Semrad Law Firm Person Who Was Paid                |                          | Attorney's Fee - 350.00                           |                                | 7/26/2017             | \$350.00               |
|      |              | 5101 Washington Street                             |                          |   |                                |                       |                        |
|      |              | Number Street                                      |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              | Unit 29  |                          |   |                                |                       |                        |
|      |              | Gurnee Illinois                                    | 60031                    |   |                                |                       |                        |
|      |              | City State   | Zip Code                 |   |                                |                       |                        |
|      |              | Email or website address                           |                          |   |                                |                       |                        |
|      |              | Email of Wobolto address                           |                          |   |                                |                       |                        |
|      |              | Person Who Made the Paym                           | nent, if Not You         |   |                                |                       |                        |
|      |              |  |                          |   |                                | _                     |                        |
|      |              | Person Who Was Paid                                |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              | Number Street                                      |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              | City State   | Zip Code                 |   |                                |                       |                        |
|      |              |  |                          |   |                                |                       |                        |
|      |              | Email or website address                           |                          |   |                                |                       |                        |
|      |              | Person Who Made the Paym                           | nent, if Not You         |   |                                |                       |                        |
|      |              | - 7  | •                        |   |                                |                       |                        |

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| Debtor          | 1 <u>Omar</u> O.  |                                   | Castillo                                   | Case n       | umber <i>(if known)</i>              |  |          |                              |
|-----------------|---|-----------------------------------|--|--------------|--------------------------------------|--|----------|------------------------------|
|                 | First Name Middl  | e Name                            | Last Name                                  |              |                                      |  |          |                              |
| he              | ithin 1 year before you filed for bankrelp you deal with your creditors or to onot include any payment or transfer the  | make paymer                       | nts to your creditors?                     | ur behalf pa | ay or transfer                       | any property to a                          | inyone v | who promised to              |
|                 | No Yes. Fill in the details.  |                                   |  |              |                                      |  |          |                              |
|                 |   |                                   | Description and value of an transferred    | y property   |                                      | Date<br>payment or<br>transfer was<br>made | Amou     | nt of payment                |
|                 | Person Who Was Paid   |                                   |  |              |                                      |  |          |                              |
|                 | Number Street   |                                   |  |              |                                      |  |          |                              |
|                 | City State Zi   | p Code                            |  |              |                                      |  |          |                              |
| <b>th</b><br>In | ithin 2 years before you filed for bank<br>e ordinary course of your business or<br>clude both outright transfers and transfer<br>d transfers that you have already listed of | financial affa<br>ers made as sec | nirs?<br>curity (such as the granting of a |              |                                      |  |          | -                            |
| Ē               | Yes. Fill in the details.   |                                   |  |              |                                      |  |          |                              |
|                 |   |                                   | Description and value of pr transferred    | operty       | Describe any payments recin exchange | property or<br>ceived or debts p           | aid      | Date<br>transfer was<br>made |
|                 | Person Who Received Transfer  |                                   |  |              |                                      |  |          |                              |
|                 | Number Street   |                                   |  |              |                                      |  |          |                              |
|                 | City State Zi<br>Person's relationship to you   | p Code                            |  |              |                                      |  |          |                              |
|                 | Person Who Received Transfer  |                                   |  |              |                                      |  |          |                              |
|                 | Number Street   |                                   |  |              |                                      |  |          |                              |
|                 | City State Zi<br>Person's relationship to you   | p Code                            |  |              |                                      |  |          |                              |
| be              | ithin 10 years before you filed for bar<br>eneficiary?<br>hese are often called asset-protection de   |                                   | you transfer any property to a             | self-settle  | d trust or simi                      | lar device of whi                          | ch you   | are a                        |
| <u>~</u>        | No Yes. Fill in the details.  |                                   |  |              |                                      |  |          |                              |
| _               |   |                                   | Description and value of t                 | he property  | y transferred                        |  |          | Date<br>transfer was<br>made |
|                 | Name of trust   |                                   |  |              |                                      |  |          |                              |

Case 17-23054 Doc 1 Filed 08/02/17 Entered 08/02/17 11:46:08 Desc Main Page 46 of 72 Document Castillo Debtor 1 Omar 0 \_ Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance instrument account was before number closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

| $ldsymbol{ u}$ | NO  |
|----------------|-----|
|                | Yes |

s. Fill in the details.

|               |                |          | Who else | had access to | o it?    | Describe the contents |  | have it? |  |
|---------------|----------------|----------|----------|---------------|----------|-----------------------|--|----------|--|
| Name of St    | orage Facility |          | Name     |               |          |                       |  | No       |  |
| Number Street |                |          | Number   | Street        |          |                       |  | Yes      |  |
|               |                |          | City     | State         | Zip Code |                       |  |          |  |
| City          | State          | Zip Code |          |               |          |                       |  |          |  |

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Castillo Debtor 1 Omar \_ Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt | tor 1 |   |                | 0.                | Ca              | stillo         | Case                                       | e number <i>(it</i> | known)        |                 |                                  |
|------|-------|---|----------------|-------------------|-----------------|----------------|--|---------------------|---------------|-----------------|----------------------------------|
|      |       | First Name                              |                | Middle Name       | Las             | t Name         | _  |                     |               |                 |                                  |
| 26.  |       | e you been a part                       | y in any judic | ial or administ   | rative procee   | ding under     | any environmen                             | tal law? In         | clude settler | nents and ord   | ers.                             |
|      |       | No<br>Yes. Fill in the det              | tails.         |                   |                 |                |  |                     |               |                 |                                  |
|      |       |   |                |                   | Court or age    | ency           |  | Nature o            | of the case   |                 | Status of the case               |
|      |       | Case title                              |                |                   |                 |                |  |                     |               |                 | Pending                          |
|      |       |   |                |                   | Court Name      |                |  |                     |               |                 | On appeal                        |
|      |       | Case number                             |                | _                 | NumberStree     | t              |  |                     |               |                 | Concluded                        |
|      |       |   |                |                   | City            | State          | Zip Code                                   |                     |               |                 | _                                |
| Part | 11:   | Give Details Al                         | oout Your B    | Business or C     | onnections      | to Any Bu      | siness                                     |                     |               |                 |                                  |
| 27.  | With  | nin 4 years before                      | you filed for  | bankruptcy, di    | d you own a l   | ousiness or    | have any of the f                          | following c         | onnections t  | o any business  | 5?                               |
|      |       |   |                |                   | -               |                | activity, either further furthership (LLP) | ull-time or p       | art-time      |                 |                                  |
|      |       | A member of A partner in a              |                |                   | LLC) OF IIITING | u llability pa | irtilersilip (LLF)                         |                     |               |                 |                                  |
|      |       | _                                       |                | naging executi    | -               |                |  |                     |               |                 |                                  |
|      |       | _                                       |                | f the voting or e |                 | ies of a corp  | ooration                                   |                     |               |                 |                                  |
|      |       | No. None of the a<br>Yes. Check all tha |                |                   |                 | w for each h   | ousiness                                   |                     |               |                 |                                  |
|      | Ш     | Tool Griddit all all                    | ar apply above |                   |                 |                | re of the busine                           | ss                  |               |                 | number Do not                    |
|      |       |   |                |                   |                 |                |  |                     | include So    | cial Security n | number or ITIN.                  |
|      |       | Business Name                           |                |                   |                 |                |  |                     | LIIV.         |                 |                                  |
|      |       | Number Street                           |                |                   | —<br>Name       | of account     | ant or bookkeep                            | er                  | Dates busi    | ness existed    |                                  |
|      |       | City                                    | State          | Zip Code          | _               |                |  |                     | From          | To              |                                  |
|      |       |   |                |                   |                 |                |  |                     |               |                 |                                  |
|      |       |   |                |                   | Descr           | ibe the natu   | re of the busine                           | ss                  |               |                 | number Do not<br>number or ITIN. |
|      |       | Business Name                           |                |                   | _               |                |  |                     | EIN:          |                 |                                  |
|      |       | Number Street                           |                |                   |                 |                |  |                     | Dates busi    | ness existed    |                                  |
|      |       | City                                    | State          | Zip Code          | Name<br>—       | of accounta    | ant or bookkeep                            | er                  | Evo.m         | To              |                                  |
|      |       | Oity                                    | Giate          | Zip Oode          |                 |                |  |                     | From          | To              |                                  |
|      |       |   |                |                   |                 |                |  |                     |               |                 |                                  |
|      |       |   |                |                   | Descri          | be the natu    | re of the busine                           | ss                  |               |                 | number Do not<br>number or ITIN. |
|      |       | Business Name                           |                |                   | _               |                |  |                     | EIN:          |                 |                                  |
|      |       | Number Street                           |                |                   | —<br>Nama       | of account     | ant or bookkeep                            | er                  | Dates busi    | ness existed    |                                  |
|      |       | City                                    | State          | Zip Code          |                 | or account     | ant of bookkeep                            |                     | From          | То              |                                  |
|      |       |   |                |                   |                 |                |  |                     |               |                 |                                  |
|      |       |   |                |                   |                 |                |  |                     |               |                 |                                  |

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| Debte | or 1 Omar                                  | 0.   | Castillo                    | Case number (if known)   |
|-------|--|--|-----------------------------|--|
|       | First Name                                 | Middle Name  | Last Name                   |  |
|       | creditors, or other p                      | arties.  | ou give a financial statem  | ent to anyone about your business? Include all financial institutions,   |
|       | Yes. Fill in the de                        | etails delow.  |                             |  |
|       |  |  | Date issued                 |  |
|       | Name                                       |  | MM/DD/YYYY                  | -  |
|       | Number Street                              |  | _                           |  |
|       | City                                       | State Zip Code   | _                           |  |
| Part  |  | •  |                             |  |
| tr    | rue and correct. I und bankruptcy case car | derstand that making a false sta<br>n result in fines up to \$250,000, | itement, concealing prop    | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|       | /s   | s/ Omar Castillo<br>ature of Debtor 1                                  |                             | Signature of Debtor 2  |
|       | Signa                                      | attie of Debtor 1  |                             | Signature of Debtor 2  |
|       | Date                                       | 8/2/2017   |                             | Date 8/2/2017  |
| D     | id you attach additio                      | onal pages to Your Statement of  | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
|       | No Yes                                     |  |                             |  |
| D     | id you pay or agree t                      | o pay someone who is not an at   | torney to help you fill out | bankruptcy forms?  |
| I.    | No   |  |                             |  |
|       | Yes. Name of perso                         | on   |                             | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|  |   | Northern Di              | Strict of Illinois                       |                                 |                              |
|--|---|--------------------------|--|---------------------------------|------------------------------|
| In re  | Omar O. Castillo  |                          |  | Case No.                        |                              |
|  | Debtor  |                          |  |                                 | (If known)                   |
|  |   |                          |  | Chapter                         | Chapter 13                   |
|  | DISCLOSURE OF C   | OMPENSAT                 | ION OF ATT                               | ORNEY F                         | OR DEBTOR                    |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fe compensation paid to me within one yr rendered or to be rendered on behalf o  | ear before the filing of | the petition in bankrup                  | otcy, or agreed to              | be paid to me, for services  |
|  | For legal services, I have agreed to acc  | ept                      |  |                                 | \$4,000.00                   |
|  | Prior to the filing of this statement I ha  | ve received              |  |                                 | \$350.00                     |
|  | Balance Due   |                          |  |                                 | \$3,650.00                   |
| 2.   | The source of the compensation paid t   | o me was:                |  |                                 |                              |
|  | <b>Debtor</b>   | Other (spe               | cify)                                    |                                 |                              |
| 3.   | The source of the compensation paid t   | o me is:                 |  |                                 |                              |
|  | <b>✓</b> Debtor   | Other (spe               | cify)                                    |                                 |                              |
| 4.   | I have not agreed to share the aboumembers and associates of my law   |                          | ation with any other po                  | erson unless the                | y are                        |
|  | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |                          |  |                                 |                              |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |   |                          |  |                                 |                              |
|  | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in<br/>bankruptcy;</li> </ul>  |                          |  | g whether to file a petition in |                              |
|  | b. Preparation and filing of any pe   | etition, schedules, stat | ements of affairs and p                  | olan which may b                | pe required;                 |
|  | c. Representation of the debtor at  | the meeting of credito   | ors and confirmation h                   | earing, and any a               | adjourned hearings thereof;  |
|  | d. Representation of the debtor in  | adversary proceeding     | s and other contested                    | bankruptcy mat                  | ters;                        |
| 6.   | By agreement with the debtor(s), the ab   | oove-disclosed fee doe   | es not include the follo                 | wing services:                  |                              |
|  |   |                          |  |                                 |                              |
|  |   |                          |  |                                 |                              |
|  |   | CERT                     | IFICATION                                |                                 |                              |
|  | certify that the foregoing is a complete or(s) in this bankruptcy proceedings.  | statement of any agree   | ement or arrangement                     | for payment to n                | ne for representation of the |
|  | 8/2/2017  |                          | /c/ Naths                                | an Delman                       |                              |
| -  | Date  |                          | , -, -, -, -, -, -, -, -, -, -, -, -, -, | of Attorney                     |                              |
|  |   |                          | Samrad                                   | Law Firm                        |                              |
|  | <del>-</del>  |                          |  | f law firm                      |                              |
|  |   |                          |  |                                 |                              |

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to  $\S$  726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$362.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$52.00 for expenses, leaving a balance due of \$4,012.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:             | 8/2/2017 |                        |
|-------------------|----------|------------------------|
| Signed:           | · // /// | 2                      |
| /s/ Omar Castillo |          |                        |
| <b></b>           |          | /s/ Nathan Delman WWW  |
| Debtor(           | s)       | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$362.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$52.00 for expenses, leaving a balance due of \$4,012.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:   | 8/2/2017    |                        |
|---------|-------------|------------------------|
| Signed: |             |                        |
| /s/ Oma | ar Castillo |                        |
|         |             | /s/ Nathan Delman      |
| Debtor( | s)          | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Castillo, Omar O.  Debtor(s)              | Case No   |                                     |
|-----------------|---|---|-------------------------------------|
|                 |   | Chapter.  | Chapter13                           |
|                 | VERIFICA                                  | TION OF CREDITOR MAT  | RIX                                 |
| Th<br>knowledge | he above named Debtors hereby verify the. | nat the attached list of creditors is tru                   | ue and correct to the best of their |
| Date:           | 8/2/2017                                  | /s/ Castillo, Omar<br>Castillo, Omar O.<br>Signature of Deb |                                     |

VW CREDIT INC 1401 FRANKLIN BLVD LIBERTYVILLE, IL, 60048

CHASE AUTO 900 STEWART AVE FL 3 GARDEN CITY, NY, 11530

LENDING CLUB 71 Stevenson, 300 San Francisco, CA, 94105

CAPITALONE PO BOX 26625 RICHMOND, VA, 23261

SYNCB/HH GREGG PO BOX 965036 ORLANDO, FL, 32896

MARINR FINC 1748 Gunbarrel Rd #100 Chattanooga, TN, 37421

TD BANK USA/TARGETCRED PO BOX 673 MINNEAPOLIS, MN, 55440

DISCOVER FIN SVCS LLC PO Box 3025 New Albany, OH, 43054

CBNA Po Box 6497 Sioux Falls, SD, 57117

LAKE FOREST BANK & TRU 727 North Bank Lane Lake Forest, IL, 60045

BARCLAYS BANK DELAWARE 698 1/2 South Ogden Street Buffalo, NY, 14206 Case 17-23054 Doc 1 Filed 08/02/17 Entered 08/02/17 11:46:08 Desc Main Document Page 67 of 72

PayPal Credit PO Box 105658 Atlanta, GA, 30348 Case 17-23054 Doc 1 Filed 08/02/17 Entered 08/02/17 11:46:08 Desc Main Document Page 68 of 72

| Debtor 1 Omar   |   | Castillo Case  | se number (if known)  | - |
|---|---|--|---|---|
| Part 6: Answer These Que  | estions for Reporting Purposes  |  |   |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily                                 | consumer debts? Consum<br>primarily for a personal, fan<br>business debts? Business<br>nvestment or through the o              | mer debts are defined in 11 U.S.C. § 101(8) as mily, or household purpose."  s debts are debts that you incurred to obtain operation of the business or investment.  there debts or business debts. |   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Chapter Yes. I am filing under Chapter expenses are paid that f No. Yes.  |  | any exempt property is excluded and administrative bute to unsecured creditors?   |   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |   |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$\$   | 00 million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion   |   |
| 20. How much do you<br>estimate your<br>liabilities to be?  | ☐ \$0-\$50,000 ☑ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$8  | 50 million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion   |   |
| Part 7: Sign Below  |   |  |   |   |
| For you   | correct.  If I have chosen to file under Cl of title 11, United States Code, under Chapter 7.  If no attorney represents me an out this document, I have obtain | napter 7, I am aware that I m<br>I understand the relief avail<br>d I did not pay or agree to p<br>ned and read the notice req |   | 3 |
|   | I understand making a false sta   | tement, concealing property<br>ase can result in fines up to<br>1519, and 3571.  | Jnited States Code, specified in this petition. ty, or obtaining money or property by fraud in o \$250,000, or imprisonment for up to 20 years, or  |   |
|   | /s/ Omar Castillo Signature of Debtor 1   | oflo ×   | Signature of Debtor 2   | _ |
|   | Executed on 8/2/2017 MM / DE  | )/YYYY   | Executed on   |   |

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| Fill in this info               | ormation to identify your o                             | , dee,                     |  |  |
|---------------------------------|---|----------------------------|--|--|
|                                 |   |                            | Q  |  |
| Debtor 1                        | Omar<br>First Name                                      | O.<br>Middle Name          | Castillo<br>Last Name                          | <b>–</b>   |
| Debtor 2<br>(Spouse, if filing) |   | Middle Name                | Last Name                                      | _  |
| United States                   | Bankruptcy Court for the:                               | Northern                   | District of Illinois                           |  |
|                                 |   |                            | (State)  | _  |
| Case number<br>(If known)       | r   |                            |  | <del></del>  |
| Official                        | Form 106De  | ec                         |  | Check if this is a amended filing                          |
| Declara                         | ition About an  | <br>Individual Deb         | tor's Schedules                                | 12/1   |
| If two marrie                   | d people are filing togeth                              | er, both are equally resp  | onsible for supplying correct                  | information.   |
| • •                             | 2, 1341, 1519, and 3571.                                | non with a bankruptcy ca   | ise can result in lines up to s                | \$250,000, or imprisonment for up to 20 years, or both. 18 |
| Did you                         | pay or agree to pay som                                 | eone who is NOT an attor   | ney to help you fill out bank                  | ruptcy forms?  |
| ☑ No                            |   |                            |  |  |
| Yes.                            | Name of person  |                            | Attach Bankruptcy Po<br>Signature (Official Fo | etition Preparer's Notice, Declaration, and<br>rm 119).    |
|                                 | penalty of perjury, I decla<br>by are true and correct. | re that I have read the su | mmary and schedules filed v                    | vith this declaration and                                  |
|                                 | 6.1   | 1/                         | •  |  |
|                                 | e of Debtor 1   | <u>(l)</u>                 | Signature                                      | of Debtor 2  |
| . oignatur                      | e or people i   |                            | Signature                                      | or peptor s  |

Date

MM/DD/YYYY

Date 8/2/2017

MM/DD/YYYY

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| Debtor 1 |  | 0.  | Castillo                     | Case number (if known)  |
|----------|--|---|------------------------------|---|
|          | First Name   | Middle Name                                 | Last Name                    |   |
|          | thin 2 years before you<br>editors, or other parties |   | you give a financial state   | ment to anyone about your business? Include all financial institutions,                           |
| [7]      | 1 No   |   |                              |   |
| Ë        | Yes. Fill in the details                             | below.                                      |                              |   |
| -        | •  |   | Date issued                  |   |
|          | Name   | w   | MM/DD/YYYY                   | <del></del>   |
|          |  |   | _                            |   |
|          | Number Street  |   |                              |   |
|          | City S   | tate Zip Code                               |                              |   |
| Part 12: | Sign Below   |   |                              |   |
| a ba     | •  | alt in fines up to \$250,000<br>ar Castillo | ), or imprisonment for up    | to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                     |
|          | Signature of   |   |                              | Signature of Debtor 2   |
|          | Date 8/2/  | 2017  |                              | Date 8/2/2017   |
| Did 3    | you attach additional p                              | ages to Your Statement                      | of Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)?   |
| [J]      | No   |   |                              |   |
|          | Yes  |   |                              |   |
| Did y    | you pay or agree to pay                              | someone who is not an                       | attorney to help you fill ou | at bankruptcy forms?  |
| V        | No   |   |                              |   |
| 靣        | Yes. Name of person                                  |   |                              | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re:          | Castillo, Omar O.                          | Case No   |                                      |
|-----------------|--|---|--------------------------------------|
|                 | Debtor(s)                                  |   |                                      |
|                 |  | Chapter.  | Chapter13                            |
|                 | VERIFIC                                    | ATION OF CREDITOR MAT                                     | TRIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify<br>e. | that the attached list of creditors is tr                 | rue and correct to the best of their |
| Date:           | 8/2/2017                                   | /s/ Castillo, Oma<br>Castillo, Omar C<br>Signature of Del | <del>- W///</del>                    |

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| Debto | or 1 Omar   | 0.                                      | Castillo                    | Case number (if known)                                  |             |
|-------|---|---|-----------------------------|---|-------------|
|       | First Name  | Middle Name                             | Last Name                   |   |             |
| 16.   | Calculate the median family income that applies to you. Follow these steps:   |   |                             |   |             |
|       | 16a. Fill in the state  | in which you live.                      | Illinois                    |   |             |
|       | 16b. Fill in the num  | ber of people in your household.        | 2                           |   |             |
|       | 16c. Fill in the median family income for your state and size of household  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.                                    |   |                             |   | \$66,487.00 |
| 17.   | How do the lines compare?   |   |                             |   |             |
|       | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).   |   |                             |   |             |
|       | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |   |                             |   |             |
| art   | 3: Calculate Yo   | ur Commitment Period Unde               | er 11 U.S.C. §1325(b)       | (4)   |             |
| 18.   | Copy your total av  | erage monthly income from line          | 11.                         |   | \$2,971.67  |
| 19.   | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.   |   |                             |   |             |
|       | 19a. If the marital adjustment does not apply, fill in 0 on line 19a.   |   |                             |   | -\$0.00     |
|       | 19b. Subtract line 19a from line 18.  |   |                             |   | \$2,971.67  |
| 20.   | Calculate your current monthly income for the year. Follow these steps:   |   |                             |   |             |
|       | 20a. Copy line 19b.   |   |                             |   | \$2,971.67  |
|       | Multiply by 12 (the number of months in a year).  |   |                             |   | x 12        |
|       | 20b. The result is your current monthly income for the year for this part of the form.  |   |                             |   | \$35,660.04 |
|       | 20c. Copy the median family income for your state and size of household from line 16c.  |   |                             |   | \$66,487.00 |
| 21.   | How do the lines compare?   |   |                             |   |             |
|       | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |   |                             |   |             |
|       | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.  |   |                             |   |             |
| art   | 4: Sign Below   |   |                             |   |             |
|       | <u>_</u>  |   |                             |   |             |
|       | By signing here   | e, I declare under penalty of perjury t | that the information on thi | s statement and in any attachments is true and correct, |             |
|       |   | 9/1/9/                                  | <b></b>                     | Signature of Debtor 2                                   |             |
|       | J   |   |                             | n   |             |
|       | Date 8/2/<br>MM   | /DD/YYYY                                |                             | Date MM/DD/YYYY   |             |
|       | If you checked  | 17a. do NOT fill out or file Form 12    | 2C-2.                       |   |             |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.